

# MAINE STATE LEGISLATURE

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SMC  
HHS

L.D. 1125

Date: 6/11/15

(Filing No. H-250)

## HEALTH AND HUMAN SERVICES

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### STATE OF MAINE HOUSE OF REPRESENTATIVES 127TH LEGISLATURE FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 776, L.D. 1125, Bill, "An Act To Expand Public Access to Epinephrine Autoinjectors"

Amend the bill in section 1 in §2150-F by striking out all of subsection 3 (page 1, lines 15 to 20 in L.D.)

Amend the bill in section 1 in §2150-F by renumbering the subsections to read consecutively.

Amend the bill in section 1 in §2150-G by striking out all of subsections 5 and 6 (page 2 lines 31 to 42 and page 3 lines 1 to 9 in L.D.) and inserting the following:

'5. Immunity. The following entities are not liable for any injuries or related damages that result from any act or omission of the entity committed in good faith pursuant to this section unless it is established that the injuries or related damages were caused willfully, wantonly or recklessly or by gross negligence:

A. A health care practitioner that prescribes epinephrine autoinjectors in accordance with subsection 1;

B. A pharmacist or health care practitioner that dispenses epinephrine autoinjectors in accordance with subsection 1;

C. An authorized entity that acquires and stocks epinephrine autoinjectors or designates employees or agents to be responsible for storage, maintenance, control and general oversight of epinephrine autoinjectors in accordance with subsection 2;

D. An employee or agent of an authorized entity who has completed the training required by subsection 4 who provides an epinephrine autoinjector to a person pursuant to subsection 3, paragraph A or who administers an epinephrine autoinjector to a person in accordance with subsection 3, paragraph B; and

E. An individual or entity that conducts training in accordance with subsection 4.

The administration of an epinephrine autoinjector in accordance with this section is not the practice of medicine or any other profession that otherwise requires licensure.

1 This subsection does not eliminate, limit or reduce any other immunity or defense that  
2 may be available under the laws of this State, including that provided under Title 14,  
3 section 164.

4 An authorized entity located in this State is not liable for any injuries or related damages  
5 that result from the provision or administration of an epinephrine autoinjector outside of  
6 this State if the authorized entity would not have been liable for such injuries or related  
7 damages had the provision or administration occurred within this State.'

8 Amend the bill in section 1 by striking out all of §2150-H.

9 **SUMMARY**

10 This amendment makes the following changes to the bill:

11 1. It eliminates the provisions of the bill relating to emergency public access stations  
12 for the storage of epinephrine autoinjectors;

13 2. It eliminates the provision of the bill that requires an authorized entity that  
14 possesses and makes available epinephrine autoinjectors to submit to the Department of  
15 Health and Human Services a report of each incident on the authorized entity's premises  
16 that involves the administration of an epinephrine autoinjector; and

17 3. It revises the immunity provision of the bill to make it consistent with the actions  
18 that are authorized under the bill and to make it clear that the immunity does not apply if  
19 injuries or related damages are caused willfully, wantonly or recklessly or by gross  
20 negligence.

21 **FISCAL NOTE REQUIRED**

22 (See attached)



Approved: 05/27/15 *mac*

# 127th MAINE LEGISLATURE

LD 1125

LR 1552(02)

**An Act To Expand Public Access to Epinephrine Autoinjectors**

**Fiscal Note for Bill as Amended by Committee Amendment**

**Committee: Health and Human Services**

**Fiscal Note Required: Yes**

*A(H-250)*

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## Fiscal Note

Minor cost increase - General Fund

### Fiscal Detail and Notes

Any additional costs to the Department of Health and Human Services to adopt the changes in this bill are expected to be minor and can be absorbed within existing budgeted resources.