

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

AS PASSED BY THE

ONE HUNDRED AND FIFTEENTH LEGISLATURE

FIRST REGULAR SESSION

December 5, 1990 to July 10, 1991

Chapters 1 - 590

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J.S. McCarthy Company  
Augusta, Maine  
1991

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**PUBLIC LAWS**

**OF THE**

**STATE OF MAINE**

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**FIRST REGULAR SESSION**

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**1991**

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of Transportation, the Commissioner of Marine Resources, the Commissioner of Economic and Community Development and the Commissioner of Inland Fisheries and Wildlife on ways to provide and disseminate information and education to public and private clubs, organizations and civic groups on making outdoor recreation accessible to persons with disabilities; and

E. Conduct, upon request, accessibility evaluations and provide technical assistance to outdoor recreational providers and users with regard to providing access for persons with disabilities.

**§3100. Report**

By January 15, 1993, the committee shall submit a report to the Governor and to the joint standing committee of the Legislature having jurisdiction over human resource matters. The report must include a description of the committee's activities, an assessment of the committee's effectiveness and an assessment of whether the committee should remain within the department.

See title page for effective date.

**CHAPTER 371**

**S.P. 714 - L.D. 1903**

**An Act Concerning the Acquisition of Railroad Lines by the State**

**Emergency preamble.** Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas**, the Department of Transportation, pursuant to Private and Special Law 1989, chapter 135, is acquiring certain portions of the Lewiston Lower Road and the Augusta-Brunswick Lower Road rail lines, which have not been subject to any abandonment petition before the Interstate Commerce Commission and therefore remain under the jurisdiction of the commission; and

**Whereas**, the acquisition by the State of ownership of those rail lines may make the State a "rail carrier" under federal law despite the fact that the State will not operate any rail service on the lines; and

**Whereas**, the Maine Revised Statutes, Title 23, section 7151 prohibits the State from being a "rail carrier under federal law" and therefore a conflict exists between state and federal laws that would prohibit the proposed transaction; and

**Whereas**, the department must purchase the rail lines on or before June 1, 1991, and it is in the best interest of the State that these railroad lines be acquired and preserved for railroad use; and

**Whereas**, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

**Be it enacted by the People of the State of Maine as follows:**

**23 MRSA §7151, sub-§2**, as repealed and replaced by PL 1989, c. 398, §7, is amended to read:

**2. Declaration of policy.** It is declared to be the policy of the State that the State and its agencies shall cooperate with the Congress of the United States and the appropriate federal agencies to assure the development and maintenance of safe, efficient and reliable rail service for the State. For any railroad line acquired under this chapter, it is the intent of the Legislature that the State may acquire the railroad line, but the State may not be an operator of the railroad ~~or a rail carrier under federal law.~~

**Emergency clause.** In view of the emergency cited in the preamble, this Act takes effect when approved.

Effective June 18, 1991.

**CHAPTER 372**

**H.P. 112 - L.D. 155**

**An Act to Establish a Statewide Area Health Education Centers System**

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 5 MRSA §12004-I, sub-§7-B** is enacted to read:

<u>7-B.</u>	<u>Maine Area</u>	<u>Not</u>	<u>20-A MRSA</u>
<u>Education</u>	<u>Health</u>	<u>Authorized</u>	<u>§12856</u>
	<u>Education</u>		
	<u>Centers</u>		
	<u>Advisory</u>		
	<u>Committee</u>		

**Sec. 2. 20-A MRSA c. 435** is enacted to read:

**CHAPTER 435**

**MAINE AREA HEALTH EDUCATION CENTERS SYSTEM**

**§12851. Definitions**

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

**1. Center.** “Center” means a community-based area health education center that is designated in accordance with section 12857 or that exists on the effective date of this chapter and contracts with the system.

**2. Committee.** “Committee” means the Maine Area Health Education Centers Advisory Committee described in section 12856.

**3. System.** “System” means the Maine Area Health Education Centers System.

#### **§12852. System designation**

The Area Health Education Center at the University of New England is designated as the system. The system operates statewide and consists of a program office at the University of New England College of Osteopathic Medicine, the committee and centers. The statewide consortium for health professions education and any regional area health education center that exists on the effective date of this chapter or any merged or successor entities of those agencies that meet federal area health education center requirements may become part of the system by contractual agreement.

#### **§12853. Mission**

The mission of the system is to improve the distribution, supply, quality, utilization and efficiency of health personnel in underserved geographical, cultural or medical specialty areas of the State by encouraging the regionalization and decentralization of educational responsibilities, and to develop culturally appropriate clinical curriculums at participating health professions schools. The system shall implement educational system incentives to attract and retain health care personnel in underserved areas and for underserved cultural groups through the:

**1. Preceptorships.** Development and implementation of preceptorships and other education programs in underserved areas and with underserved cultural groups;

**2. Recruitment.** Development and implementation of strategies to recruit representatives from underserved geographical and cultural areas into the health professions;

**3. Retention.** Development and implementation of strategies to encourage health professionals to practice and to remain in practice in underserved geographical, cultural and medical specialty areas; and

**4. Linkage.** Development and implementation of strategies to link cultural and educational resources of communities to the educational resources of participating health professions schools.

#### **§12854. System responsibilities**

The system shall:

**1. Recruitment and retention.** Develop and implement strategies that support the efforts of state and private

agencies to enhance recruitment and retention of health professionals in inadequately served geographical, cultural and medical specialty areas of the State;

**2. Recruitment of state residents.** Develop and implement strategies for enhancing the recruitment of state residents into health professions, especially those residents who are disadvantaged or members of insufficiently represented populations;

**3. Needs assessment.** Conduct studies, establish data management mechanisms and undertake any other activities that improve the State’s ability to assess the need for health professionals and health profession education;

**4. Clinical and continuing education.** Develop and implement strategies for conducting clinical and continuing education programs for health professionals that use community-based and culturally appropriate curricula;

**5. Contracts.** Establish contractual relationships to carry out system plans with health profession education programs, the statewide consortium for health professions education, and centers;

**6. Assistance to centers.** Provide technical and administrative services to the centers and the statewide consortium for health professions education;

**7. System funds.** Manage system funds in accordance with policies developed under this chapter and develop and implement plans to raise public and private funds to promote the goals of the system;

**8. Coordination.** Coordinate the efforts of the system with state and federal health and education initiatives; and

**9. Annual report.** Beginning in 1992, submit a written report on or before November 15th of each year to the Governor, the President of the Senate and the Speaker of the House of Representatives. The report must include the following:

**A.** The fiscal status of the system and the status of contracts with regional centers and other system contractors;

**B.** Information regarding education, outreach and training programs;

**C.** Information regarding placement of health care personnel in inadequately served areas;

**D.** An assessment of system accomplishments; and

**E.** Recommended legislation.

#### **§12855. Director**

The University of New England, with the advice of the committee, shall appoint a system director who meets federal area health education center requirements. The

director is responsible for the administration of the system in accordance with policies established under this chapter.

**§12856. Maine Area Health Education Centers Advisory Committee**

**1. Duties.** The committee, as established by Title 5, section 12004-I, subsection 7-B, shall:

A. Establish priorities that direct the system's attention to underserved areas, populations and medical specialties;

B. Designate regions for the development of new centers;

C. Facilitate the coordination of system programming with other appropriate state health and education initiatives;

D. Allocate within the system any state resources that become available; and

E. Advise the director regarding system administration and the system's education and evaluation efforts.

**2. Membership.** The committee's members are:

A. The chair of each center and of the statewide consortium for health professions education or the chairs' designees;

B. One representative from each participating health professions education institution appointed by the chief executive officer of the institution;

C. The director of the division of higher education services, Department of Human Services, who is a nonvoting member;

D. The director of the division of health planning, Department of Human Services, who is a nonvoting member;

E. The deputy director for planning, Department of Labor, who is a nonvoting member;

F. One representative from an association of family practice residency directors, appointed by the association;

G. The Chief Executive Officer of the Finance Authority of Maine or the chief executive officer's designee, who is a nonvoting member;

H. Representatives from the professional associations of allopathic medicine, osteopathic medicine, dentistry, nursing and allied health professions who must be invited by the director to serve as members if those associations participate in the system;

I. One representative of a statewide hospital association, appointed by the chief executive officer of that association;

J. One representative of a statewide ambulatory care association, appointed by the chief executive officer of that association;

K. Four members of the public who are knowledgeable about the delivery of health care in the State, at least 2 of whom must represent underserved cultural populations, to be appointed by the Governor; and

L. The director, who is a nonvoting member.

**3. Terms of office.** Appointed members serve at the pleasure of those who have the authority to appoint them except that the Governor's appointees serve for terms of 3 years. The Governor's appointees may be reappointed to subsequent terms.

**4. Chair.** The director shall call the first meeting of the committee and the committee shall elect a chair from among its members. The committee shall elect a chair annually.

**5. Staff.** The director or the director's designee shall provide staff assistance to the committee.

**6. Expenses.** No compensation or reimbursement for expenses is authorized.

**§12857. Area health education centers; statewide consortium for health professions education**

The committee may designate centers and their service areas and must provide authorization before the director enters into contracts with any center, the statewide consortium for health professions education or other providers.

Each center is an autonomous unit of the system. Each center must be exempt from federal income taxation under the United States Internal Revenue Code of 1986, Section 501(a), pursuant to the United States Internal Revenue Code of 1986, Section 501(c)(3). Each center must have a governing board that includes a balance of health care providers or health profession educators and individuals who reflect the ethnic, cultural and geographical characteristics of the center's service area.

Centers and the statewide consortium for health professions education are responsible to the system only for the programs and initiatives they agree to provide through contracts with the system and may develop initiatives, programs and contracts with other public and private agencies and educational institutions.

**§12858. Relationship of Maine Area Health Education Centers System to state health profession scholarship and loan programs**

The system shall cooperate with health profession students and programs that receive state support through the Finance Authority of Maine or other state entities. The system may provide clinical training and other support to those students and programs as appropriate.

**§12859. Relationship of the Maine Area Health Education Centers System to other area health education center systems**

This chapter does not prohibit an existing or proposed area health education center program from operating in the State separate from the system.

See title page for effective date.

## CHAPTER 373

H.P. 1208 - L.D. 1764

### An Act to Promote Affordable Housing for Persons of Low to Moderate Income

**Emergency preamble.** **Whereas**, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas**, opportunities now exist to provide affordable housing to the citizens of the State who will benefit from this Act; and

**Whereas**, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

**Be it enacted by the People of the State of Maine as follows:**

33 MRSA c. 6 is enacted to read:

#### CHAPTER 6

#### AFFORDABLE HOUSING COVENANTS

##### §121. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.

**1. Affordable housing covenant.** "Affordable housing covenant" means any agreement among one or more owners, one or more tenants of residential real estate and one or more qualified holders, or between one or more owners and one or more qualified holders, or between one or more tenants and one or more qualified holders, that permits a qualified holder to control, either directly or indirectly, the purchase price of residential housing for the primary purpose of providing that the housing remains affordable to lower income and moderate-income households.

**2. Lower income and moderate-income households.** "Lower income and moderate-income households" means very low-income, low-income and moderate-income households as defined in the Affordable Housing Partnership Act of 1989.

**3. Qualified holder.** "Qualified holder" means a governmental entity empowered to hold an interest in real property under the laws of this State or the United States or a nonprofit organization whose purposes include the provision of affordable housing or the increasing of affordable housing opportunities for lower income or moderate-income households including governmental or quasi-governmental entities such as public housing authorities, community action agencies or other similar nonprofit or governmental entities committed to providing opportunities for lower income or moderate-income households to obtain affordable housing.

##### §122. Creation; conveyance; acceptance; duration

**1. Affordable housing covenant.** Except as otherwise provided in this chapter, an affordable housing covenant may be created, conveyed, recorded, assigned, released, modified, terminated or otherwise altered or affected in the same manner as other covenants created by written instrument.

**2. Right or duty.** A right or duty in favor of or against a qualified holder may not arise under an affordable housing covenant unless it is accepted by the qualified holder.

**3. Limitation.** Except as provided in this chapter, an affordable housing covenant is unlimited in duration unless:

A. The instrument creating it provides otherwise; or

B. A change of circumstances renders the affordable housing covenant no longer in the public interest as determined in an action under section 123, subsection 3.

**4. Interest.** An interest in real property in existence at the time that an affordable housing covenant is created is not impaired by the affordable housing covenant unless the owner of the interest is a party to the affordable housing covenant.

**5. Right to enter land.** The instrument creating an affordable housing covenant must designate the manner in which and the times when representatives of the holder of an affordable housing covenant are entitled to enter the real property to assure compliance.

##### §123. Judicial actions

**1. Owners; qualified holders.** An action affecting an affordable housing covenant may be brought or intervened in by:

A. An owner of an interest in the real property burdened by the covenant; or