

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND SEVENTEENTH LEGISLATURE

FIRST SPECIAL SESSION
November 28, 1995 to December 1, 1995

SECOND REGULAR SESSION
January 3, 1996 to April 4, 1996

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
JULY 4, 1996

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

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Augusta, Maine
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this subparagraph may be completed any time after the 2nd year of optometric study;

(2) Successful completion of 3 didactic hours of a board-approved course in pharmacology dealing solely with antiglaucoma agents; and

(3) Successful passage of the Treatment and Management of Ocular Diseases (TMOD) component of the National Board of Examiners in Optometry examination on or after July 1, 1991.

§2430-A. Treatment of glaucoma

1. Consultation required. In order to be authorized to independently treat glaucoma, an advanced therapeutic licensee must provide evidence to the board of written referrals and consultations with a physician in accordance with this section. For purposes of this section, "physician" means a licensed physician specializing in diseases of the eye. The board shall form a glaucoma consultation subcommittee comprised of 2 optometrists appointed by the board and 2 physicians appointed by the Board of Licensure in Medicine to review evidence of consultations submitted pursuant to this section.

2. Evidence of referrals. Except as provided in subsection 3, advanced therapeutic licensees must provide evidence of a total of 50 glaucoma related referrals to, and consultations with, physicians according to the following criteria.

A. Twenty glaucoma related referrals may be evidenced by retrospective written referrals of patients suspected of having glaucoma to physicians, with written confirmation of each diagnosis by the physician. The retrospective referrals must have occurred between July 1, 1995 and the receipt of the advanced therapeutic license. If the optometrist can not provide evidence of 20 retrospective referrals and confirmations of diagnosis, the balance of the 20 referrals required must be satisfied by engaging in consultations in accordance with the procedure set forth in paragraph B.

B. Thirty glaucoma consultations must be conducted as follows:

(1) A new or existing glaucoma patient is examined and diagnosed by the optometrist;

(2) The optometrist develops a proposed treatment plan and forwards the plan with examination documentation to a physician for consultation;

(3) The physician examines the patient and reviews the optometrist's examination documentation and proposed treatment plan; and

(4) The physician, optometrist and patient mutually agree to and document a treatment plan.

3. Exception for new graduate. An advanced therapeutic licensee who was graduated from an accredited optometric institution within 2 years of applying for the advanced therapeutic license must provide evidence of a total of 30 glaucoma-related consultations with physicians in accordance with the procedure set forth in subsection 2, paragraph B. Recent graduates who have completed a one-year residency program or its equivalent, as determined by the glaucoma consultation subcommittee, may petition the subcommittee to waive the consultation requirement.

Sec. 10. 32 MRSA §2446, as amended by PL 1993, c. 600, Pt. A, §167, is further amended to read:

§2446. Drugs

An optometrist who uses pharmaceutical agents without first having obtained a the appropriate license under ~~section 2419-A~~ this chapter commits a Class E crime.

Sec. 11. Effective date. That section that repeals the Maine Revised Statutes, Title 32, section 2417, subsection 6 takes effect October 1, 1996.

See title page for effective date, unless otherwise indicated.

CHAPTER 607

S.P. 735 - L.D. 1844

An Act Authorizing County Commissioners to Enact Ordinances Concerning Addressing Standards for Enhanced 9-1-1 Services in the Unorganized Territories

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

Whereas, the State is attempting to begin implementation of enhanced 9-1-1 emergency telephone services throughout the State no later than December 1997; and

Whereas, county commissioners have responsibility for providing services to the unorganized

territories and, therefore, have been designated by state public safety officials to assign and maintain physical addresses for the purpose of enhanced 9-1-1 services in the unorganized territories; and

Whereas, there is a question whether this function constitutes a "service" within the Maine Revised Statutes, Title 30-A, section 7501; and

Whereas, the process of physical addressing may take as much as 2 years to complete; 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:

Sec. 1. 30-A MRSA §7501, sub-§§6 and 7, as amended by PL 1989, c. 104, Pt. C, §§8 and 10, are further amended to read:

6. Other services. Any other service ~~which that~~ a municipality may provide for its inhabitants and ~~which that~~ is not provided by the State; ~~and~~

7. Law enforcement. Law enforcement; ~~and~~

Sec. 2. 30-A MRSA §7501, sub-§8 is enacted to read:

8. Enhanced 9-1-1 service. Assigning and maintaining physical addresses specifically for the purpose of statewide enhanced 9-1-1 service. The county commissioners may enact an ordinance to establish the addressing standards and, pursuant to that ordinance, may assign road names to existing and proposed roads and property numbers to existing and proposed year-round and seasonal dwellings or structures and may install signs designating road names.

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

Effective April 2, 1996.

CHAPTER 608

S.P. 739 - L.D. 1847

An Act to Amend the Freedom of Access Laws to Include Advisory Boards and Commissions in the Definition of Public Proceedings

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

Sec. 1. 1 MRSA §402, sub-§2, ¶D, as amended by PL 1991, c. 848, §1, is further amended to read:

D. The full membership meetings of any association, the membership of which is composed exclusively of counties, municipalities, school administrative units or other political or administrative subdivisions; of boards, commissions, agencies or authorities of any such subdivisions; or of any combination of any of these entities; ~~and~~

Sec. 2. 1 MRSA §402, sub-§2, ¶E, as enacted by PL 1991, c. 848, §1, is amended to read:

E. The board of directors of a nonprofit, non-stock private corporation that provides statewide noncommercial public broadcasting services and any of its committees and subcommittees; ~~and~~

Sec. 3. 1 MRSA §402, sub-§2, ¶F is enacted to read:

F. Any advisory organization, including any authority, board, commission, committee, council, task force or similar organization of an advisory nature, established, authorized or organized by law or resolve or by Executive Order issued by the Governor and not otherwise covered by this subsection, unless the law, resolve or Executive Order establishing, authorizing or organizing the advisory organization specifically exempts the organization from the application of this subchapter.

Sec. 4. 1 MRSA §402, sub-§3, ¶¶H and I, as enacted by PL 1991, c. 448, §2, are amended to read:

H. Medical records and reports of municipal ambulance and rescue units and other emergency medical service units, except that such records and reports must be available upon request to law enforcement officers investigating criminal conduct; ~~and~~

I. Juvenile records and reports of municipal fire departments regarding the investigation and family background of a juvenile fire setter; ~~and~~

Sec. 5. 1 MRSA §402, sub-§3, ¶J is enacted to read:

J. Working papers, including records, drafts and interoffice and intraoffice memoranda, used or maintained by any advisory organization covered by subsection 2, paragraph F, or any member or staff of that organization during the existence of