

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND EIGHTEENTH LEGISLATURE

SECOND REGULAR SESSION
January 7, 1998 to March 31, 1998

SECOND SPECIAL SESSION
April 1, 1998 to April 9, 1998

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JUNE 30, 1998

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NON-EMERGENCY LAWS IS
JULY 9, 1998

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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not consider the need of an adult for whom 3 or more sanctions have been imposed under TANF while that person was an adult or minor parent until the adult has served a penalty period equal to the length of the last penalty period imposed. A penalty period under this paragraph may not be imposed on a family that has experienced domestic violence, as defined in PROWRA, Section 408(a)(7)(C)(iii), that has a member with an illness or incapacity, or when the department determines that good cause exists, in accordance with rules adopted by the department.

An adult subject to a penalty period under this subsection must comply with all TANF requirements during the penalty period including participation in ASPIRE-TANF unless exempt or subject to the good cause provisions of section 3785.

B. If an adult in a family receiving assistance 60 months or longer fails to comply with TANF program rules without good cause, as used in chapters 1053-B and 1054-A and department rule, sanctions may be imposed in accordance with rules uniformly applicable to all families receiving TANF benefits.

C. At the time a family applies for TANF benefits and at least annually thereafter, the department shall notify the applicant or recipient of the requirements for receiving benefits beyond 60 months.

Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter II-A.

See title page for effective date.

CHAPTER 696

H.P. 1665 - L.D. 2289

An Act to Make Certain Changes in the Educational Law

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

Sec. 1. 20-A MRSA §4502, sub-§5, ¶B, as amended by PL 1995, c. 527, §1, is further amended to read:

B. Staffing, including student-teacher ratios, except that the approval rules in effect for the school years beginning in the fall of ~~1991, 1992, 1993, 1994, 1995, 1996~~ 1998 and ~~1997~~ 1999 must permit maximum student-teacher ratios of 25:1 school-wide for kindergarten to grade 8 and

maximum student-teacher ratios of 30:1 school-wide for grades 9 to 12;

Sec. 2. 20-A MRSA §4502, sub-§5-A, as amended by PL 1995, c. 527, §3, is further amended to read:

5-A. Application. The provisions of subsection 5, paragraph H do not apply to the school years beginning in the fall of ~~1991, 1992, 1993, 1994, 1995, 1996~~ 1998 and ~~1997~~ 1999.

Sec. 3. 20-A MRSA §4504, sub-§2, as amended by PL 1995, c. 527, §4, is further amended to read:

2. Comprehensive reviews. The commissioner shall, on a one-year to 5-year cycle, make a comprehensive review of each public school to determine whether the school is in compliance with basic school approval standards. These reviews must, insofar as is practicable, be coordinated with reviews of other schools in the school unit, accreditation visits, special education reviews, federal program reviews and other required reviews or inspections, so as to reduce administrative burdens on school personnel. During the school years beginning in the fall of ~~1991, 1992, 1993, 1994, 1995, 1996~~ 1998 and ~~1997~~ 1999, the comprehensive reviews required by this subsection may include site visits.

Sec. 4. 20-A MRSA §4517, as amended by PL 1995, c. 527, §5, is further amended to read:

§4517. Waiver of requirements

The provisions of this subchapter do not apply to the school years beginning in the fall of ~~1991, 1992, 1993, 1994, 1995, 1996~~ 1998 and ~~1997~~ 1999.

Sec. 5. 20-A MRSA §8104, sub-§1, as amended by PL 1995, c. 527, §6, is further amended to read:

1. Establishment. Each school administrative unit must, commencing with the 1987-88 school year, establish a plan for phasing in gifted and talented educational programs ~~by 1998-99~~. A school administrative unit or part of a school administrative unit is not required to comply with the provisions of its plan during the school years beginning in the fall of ~~1991, 1992, 1993, 1994, 1995, 1996~~ 1998 and ~~1997~~ 1999.

Sec. 6. P&SL 1991, c. 26, §4, last sentence, as enacted by P&SL 1995, c. 35, §1, is amended to read:

School administrative units shall submit requests for upgrades under this section to the Department of Education before July 1, 1996 1999.

See title page for effective date.

CHAPTER 697

S.P. 571 - L.D. 1728

An Act to Promote Professional Competence and Improve Patient Care

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

Sec. 1. 24 MRSA §2502, sub-§§1-C and 1-D are enacted to read:

1-C. Adverse professional competence review action. "Adverse professional competence review action" means an action based upon professional competence review activity to reduce, restrict, suspend, deny, revoke or fail to grant or renew a physician's:

A. Membership, clinical privileges, clinical practice authority or professional certification in a hospital or other health care entity; or

B. Participation on a health care entity's provider panel.

1-D. Health care entity. "Health care entity" means:

A. An entity that provides or arranges for health care services and that follows a written professional competence review process;

B. An entity that furnishes the services of physicians to another health care entity or to individuals and that follows a written professional competence review process; or

C. A professional society or professional certifying organization when conducting professional competence review activity.

Sec. 2. 24 MRSA §2502, sub-§4, as enacted by PL 1977, c. 492, §3, is repealed and the following enacted in its place:

4. Professional competence committee. "Professional competence committee" means any of the following when engaging in professional competence review activity:

A. A health care entity;

B. An individual or group, such as a medical staff officer, department or committee, to which a health care entity delegates responsibility for professional competence review activity;

C. Entities and persons, including contractors, consultants, attorneys and staff, who assist in performing professional competence review activities; or

D. Joint committees of 2 or more health care entities.

Sec. 3. 24 MRSA §2502, sub-§4-B is enacted to read:

4-B. Professional competence review activity. "Professional competence review activity" means study, evaluation, investigation, recommendation or action, by or on behalf of a health care entity and carried out by a professional competence committee, necessary to:

A. Maintain or improve the quality of care rendered in, through or by the health care entity or by physicians;

B. Reduce morbidity and mortality; or

C. Establish and enforce appropriate standards of professional qualification, competence, conduct or performance.

Sec. 4. 24 MRSA §2502, sub-§§8 and 9 are enacted to read:

8. Professional competence review records. "Professional competence review records" means the minutes, files, notes, records, reports, statements, memoranda, data bases, proceedings, findings and work product prepared at the request of or generated by a professional competence review committee relating to professional competence review activity. Records received or considered by a professional competence committee during professional competence review activity are not "professional competence review records" if the records are individual medical or clinical records or any other record that was created for purposes other than professional competence review activity and is available from a source other than a professional competence committee.

9. Written professional competence review process. "Written professional competence review process" means a process that is reduced to writing and includes:

A. Written criteria adopted by the health care entity that are designed to form the primary basis for granting membership, privileges or participation in or through the health care entity. The health care entity shall furnish or make available