# MAINE STATE LEGISLATURE

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### **LAWS**

### **OF THE**

## **STATE OF MAINE**

AS PASSED BY THE

ONE HUNDRED AND TWENTIETH LEGISLATURE

SECOND REGULAR SESSION January 2, 2002 to April 25, 2002

THE GENERAL EFFECTIVE DATE FOR SECOND REGULAR SESSION NON-EMERGENCY LAWS IS JULY 25, 2002

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

> J.S. McCarthy Company Augusta, Maine 2002

adopted major substantive rule of the Department of Public Safety, that has been submitted to the Legislature for review pursuant to the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A is authorized.

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

Effective March 27, 2002.

#### **CHAPTER 87**

H.P. 1536 - L.D. 2039

Resolve, Directing the Department of Public Safety, Maine Emergency Medical Services, Medical Direction and Practices Board to Review and Update Protocols for Training Basic Emergency Medical Technicians to Administer Epinephrine

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

Whereas, the administration of epinephrine by emergency medical personnel is a complicated medical procedure that requires proper training and protocols that must be developed by the Department of Public Safety, Maine Emergency Medical Services, Medical Direction and Practices Board; and

Whereas, the ability of basic emergency medical technicians to carry and administer epinephrine to patients who are suffering anaphylaxis may save lives; and

Whereas, the development of protocols and training for basic emergency medical technicians should begin immediately to address the inability of basic emergency medical technicians to carry and administer epinephrine; 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

Sec. 1. Review and update of protocols and guidelines by Medical Direction and Practices Board for administration of epinephrine. Resolved: That the Department of Public Safety, Maine Emergency Medical Services, Medical Direction and Practices Board, referred to in

this resolve as the "board," shall review and update the protocols and training of basic emergency medical technicians to carry and administer epinephrine. In developing its protocols, the board shall review other states' medical practices regarding emergency medical personnel carrying and administering epinephrine. The board shall treat the issue of developing protocols for the administration of epinephrine to school-age children as a priority in this process; and be it further

Sec. 2. Report and legislation. Resolved: That the board shall report its decision and subsequent action regarding protocols and training for the carrying and administering of epinephrine by basic emergency medical technicians to the joint standing committee of the Legislature having jurisdiction over criminal justice matters by January 1, 2003. The committee may report out implementing legislation to the First Regular Session of the 121st Legislature, if necessary.

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

Effective March 28, 2002.

#### **CHAPTER 88**

H.P. 1414 - L.D. 1858

Resolve, to Improve the Health of Maine Citizens Through Hepatitis C Prevention and Detection

Sec. 1. Hepatitis C prevention and detection. Resolved: That, contingent upon the receipt of federal funding or donations from private sources for these purposes, the Department of Human Services, Bureau of Health shall take the following steps to improve the health of Maine citizens through hepatitis C prevention and detection:

- 1. Initiate a media campaign designed to increase statewide awareness of hepatitis C and its prevention and detection;
- 2. Ensure access to laboratory testing for suspected cases of hepatitis C;
- 3. Increase opportunities to educate medical and social service providers on the prevention and detection of hepatitis C;
- 4. Collect epidemiological data relevant to hepatitis C; and
- 5. Coordinate and evaluate the success of these initiatives; and be it further

Sec. 2. Appropriations and allocations. Resolved: That the following appropriations and allocations are made.

#### HUMAN SERVICES, DEPARTMENT OF

#### **Bureau of Health**

Initiative: Provides a base allocation in the event Other Special Revenue funds are received to operate a hepatitis C prevention and detection program.

 Other Special Revenue funds
 2001-02
 2002-03

 All Other
 \$0
 \$500

See title page for effective date.

#### **CHAPTER 89**

#### S.P. 711 - L.D. 1913

#### Resolve, to Implement the Recommendations of the Health Care Workforce Steering Committee

Sec. 1. Health Care Workforce Leadership Council. Resolved: That the Health Care Workforce Leadership Council, referred to in this resolve as the "council," is established to provide input on all policy initiatives, laws and rules concerning the skilled health care workforce to the Commissioner of Human Services, the Commissioner of Labor and the Department of Human Services, Bureau of Medical Services.

For the purposes of this resolve, "skilled health care workforce" consists of those health care workers who require a postsecondary education to work in the health care industry, including nurses, radiologic technologists and technicians, health information technicians, surgical technologists, pharmacists, pharmacy technicians, medical transcriptionists, respiratory therapists, medical and clinical laboratory technologists and laboratory technicians, social workers and other skilled workers other than physicians.

1. Goal. The goal of the council is to ensure an adequate supply of skilled health care workers to the State's health care industry, including hospitals, nursing facilities, physicians' offices, laboratories, outpatient service providers and home care service providers. Issues to be considered regarding the skilled health care workforce include providing adequate capacity in educational programs to meet the demand for skilled health care workers, attracting students to health care fields of study, recruiting new employees to health care positions, retaining employees in health care positions and retaining trained health care workers in their professions.

- **2. Membership; appointment.** The council consists of 13 members appointed as follows.
  - A. The Governor shall appoint 5 members as follows.
    - (1) Three must represent postsecondary educational institutions that offer training for skilled health care workers, of which one must represent a private postsecondary educational institution and 2 must represent public postsecondary educational institutions.
    - (2) One must represent a labor organization that represents skilled health care workers.
    - (3) One must represent a professional organization that represents skilled health care workers working in the administration of care for patients.
  - B. The President of the Senate shall appoint 4 members as follows.
    - (1) Two must represent employers of skilled health care workers.
    - (2) One must represent a labor organization that represents skilled health care workers.
    - (3) One must represent a professional organization that represents skilled health care workers working in direct care for patients.
  - C. The Speaker of the House of Representatives shall appoint 4 members as follows.
    - (1) One must represent a labor organization that represents skilled health care workers.
    - (2) One must represent a professional organization that represents skilled health care workers working in direct care for patients.
    - (3) Two must represent employers of skilled health care workers.
- **3. Meetings.** By September 1, 2002, the Executive Director of the Legislative Council or the designee of the executive director shall convene the first meeting of the council, at which the members shall elect a chair from among the members of the council. The council shall meet as often as necessary and appropriate to achieve the goals of the council. Members of the council serve as volunteers and are not entitled to reimbursement for expenses or to per diem payment.