MAINE STATE LEGISLATURE

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LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SECOND LEGISLATURE

FIRST REGULAR SESSION December 1, 2004 to March 30, 2005

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

> Penmor Lithographers Lewiston, Maine 2005

CHAPTER 220

S.P. 130 - L.D. 406

An Act To Amend the Dates Associated with the State's Recycling and Waste Reduction Goals and To Amend the Law Regarding Contracts for the Provision of Solid Waste Hauling Services

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

- **Sec. 1. 38 MRSA §2112, sub-§2,** as enacted by PL 2003, c. 338, §1, is amended to read:
- **2.** Contracts. Contracts for the provision of small containerized solid waste hauling service to customers located in this State are governed by the following provisions.
 - A. If a contract under this subsection contains an automatic renewal provision, the contractor shall notify the customer by mail between 60 and 90 days prior to the contract termination date that if the customer does not, within 60 days of receipt of the contractor's notification, notify the contractor of the customer's intention to terminate the contract, the contract will be automatically renewed. Notice of termination by the customer may be by any reasonable method, including mail, electronically transmitted facsimile and e-mail. A contract may not contain terms that require a customer to provide notice of termination prior to the time frames provided for in this paragraph.
 - B. The financial charge for early termination of a contract under this subsection may not exceed 3 times the current monthly charge.
 - C. A contract under this subsection may not require the customer to inform a contractor concerning prices or other terms offered by competitors or require the customer to afford the contractor an opportunity to match or respond to a competitor's offer.

This subsection does not apply to contracts in force on the effective date of this subsection.

- **Sec. 2. 38 MRSA §2132, sub-§1,** as amended by PL 2001, c. 22, §2, is further amended to read:
- 1. State recycling goal. It is the goal of the State to recycle or compost, by January 1, 2003 2009, 50% of the municipal solid waste tonnage generated each year within the State.

- **Sec. 3. 38 MRSA §2132, sub-§1-A,** as enacted by PL 2001, c. 22, §3, is amended to read:
- 1-A. State waste reduction goal. It is the goal of the State to reduce the annual biennial generation of municipal solid waste tonnage by 5% by January 1, 2003 2009 and by an additional 5% every subsequent 2 years. This reduction in solid waste tonnage, after January 1, 2003 2009, is a biennial goal. The baseline for calculating this reduction is the 1999 2003 solid waste generation data gathered by the office.
- Sec. 4. 38 MRSA §2132, sub-§2, as amended by PL 1995, c. 465, Pt. A, §42 and affected by Pt. C, §2, is further amended to read:
- 2. Goal revision. The office shall recommend revisions, if appropriate, to the state recycling goal and waste reduction goal established in this section and shall establish a waste reduction goal. The office shall submit its recommendations and any implementing legislation to the joint standing committee of the Legislature having jurisdiction over natural resource matters.

See title page for effective date.

CHAPTER 221

S.P. 234 - L.D. 697

An Act To Clarify Reporting Responsibilities to Licensing Boards

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

Sec. 1. 24 MRSA §2506, as amended by PL 1997, c. 697, §5, is further amended to read:

§2506. Provider, entity and carrier reports

A health care provider or health care entity shall, within 60 days, report in writing to the disciplined practitioner's board or authority the name of any licensed, certified or registered employee or person privileged by the provider or entity whose employment or privileges have been revoked, suspended, limited or terminated or who resigned while under investigation or to avoid investigation for reasons related to clinical competence or unprofessional conduct, together with pertinent information relating to that action. Pertinent information includes: a description of the adverse action; ; the name of the practitioner involved; the date, the location and a description of the event or events giving rise to the adverse action; and identification of the complainant involved in the adverse action. Upon written request, the following information must be released to the board or authority: within 20 days of receipt of the

request: the names of the patients whose care by the disciplined practitioner gave rise to the adverse action; medical records relating to the event or events giving rise to the adverse action; written statements signed or prepared by any witness or complainant to the event; and related correspondence between the practitioner and the provider or entity. The report must include situations in which employment or privileges have been revoked, suspended, limited or otherwise adversely affected by action of the health care practitioner while the health care practitioner was the subject of disciplinary proceedings, and it also must include situations where employment or privileges have been revoked, suspended, limited or otherwise adversely affected by act of the health care practitioner in return for the health care provider provider's or health care entity entity's terminating such proceeding. Any reversal, modification or change of action reported pursuant to this section must be reported immediately to the practitioner's board or authority, together with a brief statement of the reasons for that reversal, modification or change. If the adverse action requiring a report as a result of a reversal, modification or change of action consists of the revocation, suspension or limitation of clinical privileges of a physician, physician assistant or advanced practice registered nurse by a health care provider or health care entity for reasons relating to clinical competence or unprofessional conduct and is taken pursuant to medical staff bylaws or other credentialing and privileging policies, whether or not the practitioner is employed by that health care provider or entity, then the provider or entity shall include in its initial report to the disciplined practitioner's licensing board or authority the names of all patients whose care by the disciplined practitioner gave rise to the adverse action. The failure of any health care provider or health care entity to report as required is a civil violation for which a fine of not more than \$1,000 \$5,000 may be adjudged.

Carriers providing managed care plans are subject to the reporting requirements of this section when they take adverse actions against a practitioner's credentials or employment for reasons related to clinical competence or unprofessional conduct that may adversely affect the health or welfare of the patient.

Sec. 2. 24 MRSA §2510, sub-§1, ¶B, as enacted by PL 1977, c. 492, §3, is amended to read:

B. To governmental licensing or disciplinary authorities of any jurisdiction or to any health care providers or health care entities located within or outside this State which that are concerned with granting, limiting or denying a physician's hospital privileges, provided that but only if the board shall include includes along with the transfer an indication as to whether or

not the information has been substantiated by the board:

See title page for effective date.

CHAPTER 222

H.P. 97 - L.D. 121

An Act To Improve Communication, Cooperation and Efficiencies in State Government

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

Sec. 1. 5 MRSA §12004-I, sub-§75-C, as enacted by PL 2003, c. 696, §1, is amended to read:

75-C.	Intergovern-	Legislative	30-A
State	mental	Per Diem	MRSA
Government	Advisory	and	§2181
	Group	Expenses	
	Commission	for Legis-	
		lators and	
		expenses	
		only for	
		certain	
		members	

Sec. 2. 30-A MRSA §2181, as amended by PL 2005, c. 2, Pt. D, §64 and affected by §§72 and 74 and c. 12, Pt. WW, §18, is further amended to read:

§2181. Intergovernmental Advisory Commission

The Intergovernmental Advisory Group Commission, established by Title 5, section 12004-I, subsection 75-C and referred to in this chapter as "the advisory group commission," shall work on ways to improve communication, cooperation and efficiencies within all 3 branches of government and provide state assistance to encourage regionalization and cost-effective service delivery.

- **1.** Advisory commission membership. The advisory group commission consists of the following 47 19 members:
 - A. One member of the Senate appointed by the President of the Senate;
 - B. One member of the House of Representatives who is not a member of the same political party as the Senator appointed under paragraph A, appointed by the Speaker of the House;
 - C. Three members who must be state agency or department heads or their designees, appointed by the Governor. The Governor may appoint the