MAINE STATE LEGISLATURE

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LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-THIRD LEGISLATURE

FIRST REGULAR SESSION December 6, 2006 to June 21, 2007

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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 2007

Workers' Compensation Act or the Maine Workers' Compensation Act of 1992. When compensation is payable for an occupational disease, the employer in whose employment the employee was last injuriously exposed to the hazards of the occupational disease and the insurance carrier, if any, on the risk when the employee was last exposed under that employer, are liable. The amount of the compensation must be based on the average wages of the employee when last exposed under that employer and notice on the date of injury. Notice of injury and claim for compensation must be given to that the employer in whose employment the employee was last injuriously exposed to the hazards of the occupational disease. On the date of incapacity, if the employee is no longer working in the same occupation in which the employee incurred the last injurious exposure, then the average wages as of the date of injury of comparable employees employed full-time in the same occupation as the employee at the time of the employee's last injurious exposure must be used to determine the amount of compensation. The only employer and insurance carrier liable are the last employer in whose employment the employee was last injuriously exposed to the hazards of the disease during a period of 60 days or more and the insurance carrier, if any, on the risk when the employee was last so exposed, under that employer.

Sec. 2. Prospective application. The provisions of this Act have prospective effect only.

See title page for effective date.

CHAPTER 314 H.P. 1243 - L.D. 1781

An Act To Prevent Duplication in Certification of Hospitals

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

Sec. 1. 22 MRSA §1816, as amended by PL 1997, c. 488, §2, is further amended by adding at the end a new paragraph to read:

A hospital licensed under this chapter is exempt from department inspection requirements under this chapter if the hospital is certified by the Centers for Medicare and Medicaid Services for participation in the federal Medicare program and holds full accreditation status by a health care facility accrediting organization recognized by the Centers for Medicare and Medicaid Services. If a hospital is certified to participate in the federal Medicare program and not accredited by a health care facility accrediting organization recognized by the Centers for Medicare and Medicaid Services, the department shall inspect the hospital every 3 years for compliance with the Centers for Medicare and Medicaid Services' conditions of par-

ticipation. The provisions of this paragraph do not exempt a hospital from an inspection by the department in response to a complaint or suspected violation of this chapter or of the Centers for Medicare and Medicaid Services' conditions of participation or an inspection by another state agency or municipality for building code, fire code, life safety code or other purposes unrelated to health care facility licensing or accreditation. For purposes of this paragraph, "Centers for Medicare and Medicaid Services" means the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Sec. 2. Effective date. This Act takes effect July 1, 2008.

Effective July 1, 2008.

CHAPTER 315 H.P. 849 - L.D. 1156

An Act To Protect Owners and Occupiers of Homes from Civil Liability

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

Sec. 1. 14 MRSA §171 is enacted to read:

§171. Defense of premises

It is a defense to a civil claim resulting from the use of force that the person was or would have been justified in using such force under Title 17-A, section 104.

See title page for effective date.

CHAPTER 316 H.P. 1120 - L.D. 1598

An Act To Grant Supervisory Privileges to Supervising Nurse Practitioners

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

- **Sec. 1. 32 MRSA §2102, sub-§2-A,** as amended by PL 2003, c. 510, Pt. B, §10, is further amended to read:
- **2-A.** Advanced practice registered nursing. "Advanced practice registered nursing" means the delivery of expanded professional health care by an advanced practice registered nurse that is:
 - B. Within the advanced practice registered nurse's scope of practice as specified by the board

by rulemaking, taking into consideration any national standards that exist; and

C. In accordance with the standards of practice for advanced practice registered nurses as specified by the board by rulemaking, taking into consideration any national standards that may exist. Advanced practice registered nursing includes consultation with or referral to medical and other health care providers when required by client health care needs.

A certified nurse practitioner or a certified nurse midwife who qualifies as an advanced practice registered nurse may prescribe and dispense drugs or devices, or both, in accordance with rules adopted by the board.

A certified nurse practitioner who qualifies as an advanced practice registered nurse must practice, for at least 24 months, under the supervision of a licensed physician or a supervising nurse practitioner or must be employed by a clinic or hospital that has a medical director who is a licensed physician. The certified nurse practitioner must shall submit written evidence to the board upon completion of the required clinical experience.

The board shall adopt rules necessary to effectuate the purposes of this chapter relating to advanced practice registered nursing.

- **Sec. 2. 32 MRSA §2102, sub-§10** is enacted to read:
- 10. Supervising nurse practitioner. "Supervising nurse practitioner" means a certified nurse practitioner who qualifies as an advanced practice registered nurse who has:
 - A. Completed 24 months of supervised practice in accordance with subsection 2-A;
 - B. Practiced as an advanced practice registered nurse for a minimum of 5 years in the same speciality:
 - C. Worked in a clinical health care field for a minimum of 10 years; and
 - D. Been approved by the board.

The board shall adopt rules necessary to effectuate the purposes of this chapter relating to supervising nurse practitioners. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 317 H.P. 1290 - L.D. 1851

An Act To Establish the Regional Greenhouse Gas Initiative Act of 2007

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

Sec. 1. 5 MRSA \$12004-G, **sub-\$13-F** is enacted to read:

13-F.

Environment/	Energy	Legislative	35-A MRSA
<u>Natural</u>	<u>and</u>	per diem plus	<u>§10008</u>
Resources	Carbon	expenses	
and Public	Savings		
<u>Utilities</u>	<u>Trust</u>		

Sec. 2. 5 MRSA §12004-I, sub-§20-B is enacted to read:

20-B.

Environment:	Maine	\$50 per day	<u>35-A MRSA</u>
<u>Natural</u>	Energy	<u>plus</u>	<u>§10007</u>
Resources	Conservation	<u>expenses</u>	
and Public	Board		
<u>Utilities</u>			

- **Sec. 3. 35-A MRSA §3211-A, sub-§1, ¶C,** as amended by PL 2003, c. 487, §2, is repealed.
- **Sec. 4. 35-A MRSA §3211-A, sub-§1, ¶H,** as enacted by PL 2001, c. 624, §4, is repealed.
- **Sec. 5. 35-A MRSA §3211-A, sub-§1, ¶I** is enacted to read:
 - I. "Trade association aggregator" means an entity that gathers individual members of a trade association together for the purpose of receiving electrical efficiency services or bidding on electrical efficiency contracts.
- **Sec. 6. 35-A MRSA §3211-A, sub-§2,** as amended by PL 2005, c. 569, §§1 and 2, is further amended to read:
- 2. Programs. The commission shall develop and, to the extent of available funds, implement conservation programs in accordance with this section to help reduce energy costs for electricity consumers in the State by the maximum amount possible. The commission shall establish and, on a schedule determined by the commission, revise objectives and an overall energy strategy for conservation programs. Conservation programs implemented by the commission must be consistent with the objectives and an overall energy strategy developed by the commission and be cost effective, as defined by the commission by