

LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-FOURTH LEGISLATURE

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

Augusta, Maine 2009

Sec. 2. 14 MRSA §8006, as enacted by PL 1975, c. 335, is repealed and the following enacted in its place:

§8006. Fees

1. Filing a foreign judgment. Except as provided in subsection 2, a person filing a foreign judgment shall pay to the clerk of courts the fee then provided for the entry of an action. Fees for docketing, transcription or other enforcement proceedings are as provided for judgments of the District Court or Superior Court.

2. Exception. A fee may not be charged for the registration, docketing, transcription or other enforcement proceedings of a foreign judgment or order that qualifies as a protection order as defined by 18 United States Code, Section 2266 or is the equivalent of a protection from abuse order under Title 19-A, Part 4 or a protection from harassment order under Title 5, chapter 337-A.

Sec. 3. 19-A MRSA §1753, sub-§5, as enacted by PL 1999, c. 486, §3 and affected by §6, is amended to read:

5. Confidentiality. If Notwithstanding any other provision of law, if a party alleges in an affidavit or a pleading under oath that the health, safety or liberty of a party or child would be jeopardized by disclosure of identifying information, the information must be sealed and may not be disclosed to the other party or the public unless the court orders the disclosure to be made after a hearing in which the court takes into consideration the health, safety or liberty of the party or child and determines that the disclosure is in the interest of justice.

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

Effective May 26, 2009.

CHAPTER 203

H.P. 596 - L.D. 865

An Act To Change the Maine HIV Advisory Committee

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

Sec. 1. 5 MRSA §19202, sub-§1-A, as enacted by PL 1999, c. 390, §2 and affected by §10, is repealed.

Sec. 2. 5 MRSA §19202, sub-§1-B is enacted to read:

1-B. Duties. The Maine HIV Advisory Committee, as established in section 12004-I, subsection 42

and referred to in this section as "the committee," on behalf of those individuals infected by, at risk for or affected by the human immunodeficiency virus, referred to in this section as "HIV," in the State, shall:

A. Advise the Office of the Governor and state, federal and private sector agencies, officials and committees on HIV-related and AIDS-related policy, planning, budget or rules;

B. Make an annual assessment of emerging HIV-related issues and trends;

C. Initiate and respond to legislation, both state and federal; and

D. Prepare and present, in person, an annual report on the status of HIV in the State to the Office of the Governor and the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31st of each year.

Sec. 3. 5 MRSA §19202, sub-§2-A, as enacted by PL 1999, c. 390, §4 and affected by §10 and amended by PL 2001, c. 354, §3 and PL 2003, c. 689, Pt. B, §§6 and 7, is repealed.

Sec. 4. 5 MRSA §19202, sub-§2-B is enacted to read:

2-B. Membership. The committee consists of 19 members as provided in this subsection.

A. The committee includes 7 members as follows, of whom only the Legislators are voting members:

(1) Two members of the Legislature, one Senator nominated by the President of the Senate and one Representative nominated by the Speaker of the House of Representatives:

(2) The director of the HIV, STD and viral hepatitis program within the Department of Health and Human Services, Maine Center for Disease Control and Prevention;

(3) A representative of the Department of Education, nominated by the Commissioner of Education;

(4) A representative of the Department of Corrections, nominated by the Commissioner of Corrections;

(5) A representative of the Department of Health and Human Services, Office of Substance Abuse, nominated by the Commissioner of Health and Human Services; and

(6) A representative of the Department of Health and Human Services, Office of MaineCare Services, nominated by the Commissioner of Health and Human Services. B. The committee shall identify 12 additional representatives for membership as described in this paragraph, with broad input from persons with HIV or at risk for HIV infection or from organizations with extensive participation of persons with HIV, organizations interested in and working on HIV and AIDS prevention and health, other community-based organizations providing HIV and AIDS services, rural health centers and the public:

(1) Three persons who have HIV/AIDS;

(2) Two health care professionals involved with HIV treatment and care issues;

(3) Two providers of HIV-related prevention or social services;

(4) One representative of a state HIV community planning group;

(5) One representative of the statewide AIDS alliance under section 19251, subsection 4:

(6) One representative of a statewide coordinating council for public health; and

(7) Two at-large representatives including but not limited to: homeless persons, highrisk groups, family planning, mental health, higher education, civil rights or disability rights.

Sec. 5. 5 MRSA §19202, sub-§3, as corrected by RR 2003, c. 2, §10, is amended to read:

3. Terms. The term of office of each voting member is 3 years; except that of the members first chosen by the membership committee pursuant to subsection 2 A, 1/3 must be chosen for a term of one year, 1/3 for a term of 2 years and 1/3 for a term of 3 years; members chosen after nomination by the Commissioner of Health and Human Services, the Commissioner of Education, the Commissioner of Corrections or the Commissioner of Public Safety nonvoting members serve during the nominating duration of the commissioner's term of office; for the agency that each member represents and Legislators serve during the term for which they were elected. The membership shall annually elect a chair and vice-chair. The chair is the presiding member of the committee. All vacancies must be filled for the balance of the unexpired term in the same manner as original appointments.

Sec. 6. 5 MRSA §19202, sub-§4, as amended by PL 1999, c. 390, §7 and affected by §10, is further amended to read:

4. Meetings. The committee shall meet at least 4 times a year and more frequently if needed to respond to the duties of this committee as specified in subsection 1 - A - 1 - B. Special meetings may be called by the chair and must be called at the request of the State Epidemiologist, the Director of the Bureau of Health,

the Director of Disease Control, the Director of Sexually Transmitted Diseases Department of Health and Human Services, Maine Center for Disease Control and Prevention or by 3 or more members of the committee.

Sec. 7. Transition. Notwithstanding the appointment provisions of the Maine Revised Statutes, Title 5, section 19202, subsection 2-B, those members of the Maine HIV Advisory Committee on September 30, 2009 under former Title 5, section 19202, subsection 2-A may continue to serve on the committee for the balance of their terms of office as provided under Title 5, section 19202, subsection 3. Notwithstanding Title 5, section 19202, subsection 3, a person who is not a member of the committee on September 30, 2009 and who is appointed to the committee pursuant to Title 5, section 19202, subsection 2-B serves a 3-year term.

Sec. 8. Effective date. This Act takes effect October 1, 2009.

Effective October 1, 2009.

CHAPTER 204

H.P. 882 - L.D. 1263

An Act To Amend the Laws Concerning Child Abuse and Neglect Councils

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

Sec. 1. 22 MRSA §3871, as amended by PL 1993, c. 142, §2, is further amended to read:

§3871. Purpose

The purpose of this chapter is to encourage and maintain coordinated community efforts in each county to prevent child abuse and neglect <u>through the</u> <u>provision of family-strengthening programs, including,</u> <u>but not limited to, public awareness activities, child safety education, parent education, support and information for parents, referral to services and training for <u>professionals</u>, and to ensure adequate intervention and treatment for abused and neglected children and their families.</u>

Sec. 2. 22 MRSA §3872, sub-§1-A, as enacted by PL 1993, c. 142, §2, is amended to read:

1-A. Child abuse and neglect prevention council. "Child abuse and neglect <u>prevention</u> council" means a community organization that provides continuous year-round service as a county's primary organization that serves to encourage and coordinate community efforts in primary prevention and the treatment of child abuse and neglect to prevent child abuse from occurring. Services may include public