MAINE STATE LEGISLATURE

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LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-FOURTH LEGISLATURE

FIRST REGULAR SESSION December 3, 2008 to June 13, 2009

THE GENERAL EFFECTIVE DATE FOR FIRST REGULAR SESSION NON-EMERGENCY LAWS IS SEPTEMBER 12, 2009

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

Augusta, Maine 2009

- (6) Modifications that the manufacturer is proposing to make in its collection and recycling program; and
- **Sec. 9. 38 MRSA §1665-B, sub-§2, ¶H** is enacted to read:
 - H. Beginning January 1, 2010, submit a quarterly report to the department within 30 days after the end of each quarter that, for each shipment of thermostats received by the manufacturer or manufacturer's agent for recycling during the quarter, provides:
 - (1) The collection location that shipped the thermostats;
 - (2) The date the manufacturer received the shipment;
 - (3) The number of mercury thermostats; and
 - (4) The total amount of mercury collected.
- **Sec. 10. 38 MRSA §1665-B, sub-§2-A** is enacted to read:
- **2-A.** Wholesaler responsibility. A wholesaler shall post in a prominent location open to public view a notice about the financial incentive plan developed pursuant to subsection 4. The notice must be approved by the department and supplied by the manufacturer at no cost to the wholesaler.
- **Sec. 11. 38 MRSA §1665-B, sub-§2-B** is enacted to read:
- **2-B.** Termination of retailer participation. A manufacturer may terminate a retailer's participation in the collection program under subsection 2, paragraph A only after complying with the provisions of this subsection.
 - A. The manufacturer must notify the retailer, in writing, of noncompliance with program policies and procedures and provide the retailer an opportunity to comply.
 - B. If the retailer continues to send in significant ineligible materials through the collection program after 2 written notices of noncompliance, the manufacturer may terminate the retailer's participation.
 - C. For termination to occur under this subsection, the manufacturer must notify the retailer and the department in writing.
- **Sec. 12. 38 MRSA §1665-B, sub-§3,** as enacted by PL 2005, c. 558, §1, is repealed.

See title page for effective date.

CHAPTER 278 H.P. 646 - L.D. 943

An Act To Reduce Lung Cancer Rates in Maine

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

Sec. 1. 14 MRSA §6030-D is enacted to read: **§6030-D. Radon testing**

- 1. Testing. By 2012 and every 10 years thereafter, a landlord or other lessor of a residential building shall have the air of the residential building tested for the presence of radon. A test required to be performed under this section must be conducted by a person registered with the Department of Health and Human Services pursuant to Title 22, chapter 165.
- 2. Notification. A landlord or other lessor of a residential building shall provide written notice to a tenant or potential tenant regarding the presence of radon in the building, including the date and results of the most recent test conducted under subsection 1, and the risk associated with radon. The department shall prepare a standard disclosure statement form for landlords and other lessors of real property to use to disclose to a tenant or potential tenant information concerning radon. The form must include an acknowledgment that the tenant or potential tenant has received the disclosure statement required by this subsection. The department shall post and maintain the forms required by this subsection on its publicly accessible website in a format that is easily downloaded.
- 3. Mitigation. When the test of a residential building under subsection 1 reveals a level of radon of 4.0 picocuries per liter of air or above, the landlord or other lessor of that building shall, within 6 months, mitigate the level of radon in the residential building until it is reduced to a level below 4.0 picocuries per liter of air. If a landlord or other lessor of a residential building is required to obtain a permit under a local or municipal ordinance, mitigation must occur within 6 months after obtaining any necessary permit. Mitigation services must be provided by a person registered with the Department of Health and Human Services pursuant to Title 22, chapter 165. After mitigation has been performed pursuant to this subsection to reduce the level of radon, the landlord or other lessor of the residential building shall provide written notice to tenants that radon levels have been mitigated.
- 4. Penalty. A person who violates this section commits a civil violation for which a fine of not more than \$250 per violation may be assessed.
- **Sec. 2. 22 MRSA §778,** as corrected by RR 1991, c. 2, §75, is amended to read:

§778. Reports

A person registered under section 774 or 775 shall, within 45 days of the date the services are provided, notify the department in writing of the street address and zip code of the client and the results of any tests performed. The department may, by rule, specify an alternative notification procedure and notification period and any additional data required in the report.

See title page for effective date.

CHAPTER 279 H.P. 745 - L.D. 1078

An Act To Strengthen Sustainable Long-term Supportive Services for Maine Citizens

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

Sec. 1. 22 MRSA §50 is enacted to read:

§50. Planning for long-term care services

By January 15, 2012 and every 4 years thereafter the department, after input from interested parties, shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the current allocation of resources for long-term care and the goals for allocation of those resources during the next 4 years. The report must be based on current and projected demographic data, current and projected consumer needs and recent or anticipated changes in methods of delivery of long-term care services and must include any action taken by the department to further these goals and any recommendations for action by the Legislature.

Sec. 2. 22 MRSA §7301, as enacted by PL 1981, c. 511, §1, is amended to read:

§7301. Legislative intent

- **1. Findings.** The Legislature finds that:
- A. In-home and community support services have not been sufficiently available to many adults with long-term care needs;
- B. Many adults with long-term care needs are at risk of being or already have been placed in institutional settings, because in-home and community support services or funds to pay for these services have not been available to them;
- C. In some instances placement of adults with long-term care needs in institutional settings can result in emotional and social problems for these adults and their families; and

- D. For many adults with long-term care needs, it is less costly for the State to provide in-home and community support services than it is to provide care in institutional settings;
- E. The majority of adults with long-term care needs have indicated a preference to remain in their own homes and in community settings rather than having their needs met in institutional settings;
- F. For many adults with long-term care needs and their families, the process to identify and secure appropriate services may be confusing and difficult to navigate; and
- G. A sustainable system of long-term care to meet the needs of citizens must emphasize inhome and community support services that capitalize upon personal and family responsibility.
- **2. Policy.** The Legislature declares that it is the policy of this State, with regard to in-home and community support services:
 - A. To increase the availability of in home and community support services long-term care services that are consumer-driven, optimize individual choice and autonomy and maximize physical health, mental health, functional well-being and independence for adults with long-term care needs through high-quality services and supports in settings that reflect the needs and choices of consumers and that are delivered in the most flexible, innovative and cost-effective manner;
 - B. That the priority recipients of in-home and community support services, pursuant to this subtitle, shall <u>must</u> be the elderly and disabled adults with long-term care needs who are at the greatest risk of being, or who already have been, placed inappropriately in an institutional setting <u>without</u> needed in-home and community support services; and
 - C. That a variety of agencies, facilities and individuals shall <u>must</u> be encouraged to provide <u>inhome and community support services and to increase the percentages of adults with long-term <u>care needs receiving</u> in-home and community support services:</u>
 - D. To promote and encourage public and private partnerships among a variety of agencies, facilities and individuals;
 - E. To support the roles of family caregivers and a qualified workforce in the effort to streamline and facilitate access to high-quality services in the least restrictive and most integrated settings; and
 - F. To establish the most efficient and costeffective system for delivering a broad array of long-term care services.