

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-FOURTH LEGISLATURE

SECOND REGULAR SESSION
January 6, 2010 to April 12, 2010

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Augusta, Maine
2010

~~control level risk based capital and 2.5 and has a negative trend; if its total adjusted capital is less than the product of its authorized control level risk-based capital and:~~

~~(a) If the insurer is a life or health insurer, 2.5; or~~

~~(b) If the insurer is a health organization as described in section 6451-A, subsection 2, 3.0;~~

See title page for effective date.

CHAPTER 512

H.P. 1203 - L.D. 1702

An Act To Amend the Laws Governing Advanced Practice Registered Nurses

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

Sec. 1. 32 MRSA §2205-B, sub-§3, as enacted by PL 1995, c. 379, §8 and affected by §11, is repealed.

See title page for effective date.

CHAPTER 513

S.P. 595 - L.D. 1558

An Act Regarding Accidental Death Benefits for Beneficiaries of Deceased Firefighters

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

Sec. 1. 5 MRSA §18601, as enacted by PL 1985, c. 801, §§5 and 7, is repealed and the following enacted in its place:

§18601. Definitions

As used in this article, unless the context otherwise indicates, the following terms have the following meanings.

1. Professional firefighter. "Professional firefighter" means an employee of a municipal fire department who is a member of the Participating Local District Retirement Program or who is a participating member under chapter 425 and who aids in the extinguishment of fires, whether or not the employee has other administrative duties.

2. Qualifying member. "Qualifying member" means:

A. A member who dies as a result of an injury arising out of and in the course of employment as an employee;

B. After October 31, 2004, an active member who is a professional firefighter who dies as a result of an injury or disease as described in Title 39-A, section 328 if the injury or disease that causes the death is the result of a condition that develops within 30 days of the active member's participating in firefighting or training or a drill that involves firefighting. If the professional firefighter dies after 30 days but within 6 months of participating in firefighting or training or a drill that involves firefighting, there is a rebuttable presumption that the death is the result of an injury arising out of and in the course of employment as a professional firefighter; or

C. A former member receiving a disability retirement benefit who dies as a result of an injury arising out of and in the course of employment as an employee.

Sec. 2. Rules. The Board of Trustees of the Maine Public Employees Retirement System shall adopt rules to implement this Act. These rules must be submitted to the joint standing committee of the Legislature having jurisdiction over labor matters at least 30 days prior to final adoption. Rules adopted pursuant to this section are routine technical as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. 3. Retroactivity. This Act applies retroactively to November 1, 2004.

See title page for effective date.

CHAPTER 514

H.P. 1144 - L.D. 1616

An Act To Enhance Newborn Blood Spot Screening To Conform to Federal Newborn Screening Standards

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

Sec. 1. 22 MRSA §42, sub-§5, as amended by PL 2007, c. 508, §1, is further amended to read:

5. Confidentiality of records containing certain medical information. Department records that contain personally identifying medical information that are created or obtained in connection with the department's public health activities or programs are confidential. These records include, but are not limited to, information on genetic, communicable, occupational or environmental disease entities, and information

gathered from public health nurse activities, or any program for which the department collects personally identifying medical information.

The department's confidential records may not be open to public inspection, are not public records for purposes of Title 1, chapter 13, subchapter 1 and may not be examined in any judicial, executive, legislative or other proceeding as to the existence or content of any individual's records obtained by the department.

Exceptions to this subsection include release of medical and epidemiologic information in such a manner that an individual can not be identified; disclosures that are necessary to carry out the provisions of chapter 250; disclosures made upon written authorization by the subject of the record, except as otherwise provided in this section; and disclosures that are specifically provided for by statute or by departmental rule. The department may participate in a regional or national tracking system as provided in ~~section~~ sections 1533 and 8824 or both.

Nothing in this subsection precludes the department, during the data collection phase of an epidemiologic investigation, from refusing to allow the inspection or copying of any record or survey instrument, including any redacted record or survey instrument, containing information pertaining to an identifiable individual that has been collected in the course of that investigation. The department's refusal is not reviewable.

Sec. 2. 22 MRSA §1532, as amended by PL 2007, c. 450, Pt. A, §7, is further amended to read:

§1532. Detection of serious conditions

The department shall require hospitals, ~~maternity homes~~ birthing centers and other ~~maternity birthing~~ services to test newborn infants, or to cause them to be tested, by means of blood spot screening for the presence of treatable congenital, genetic or metabolic abnormalities conditions that may be expected to result in subsequent cognitive disabilities, serious illness or death. The department shall adopt rules to define this requirement and the approved testing methods, materials, procedure and testing sequences. Reports and records of those making these tests may be required to be submitted to the department in accordance with departmental rules. The department may, on request, offer consultation, training and evaluation services to those testing facilities. The department shall adopt rules according to which it shall in a timely fashion refer newborn infants with confirmed treatable congenital, genetic or metabolic abnormalities conditions to the Child Development Services System as defined in Title 20-A, section 7001, subsection 1-A. The department shall also adopt rules according to which it shall in a timely fashion refer a newborn infant to the Child Development Services System if at least 6 months have passed since an initial positive test result of a treatable congenital, genetic or metabolic abnor-

mality condition without the specific nature of the ~~metabolic abnormality's~~ condition having been confirmed. The department and the Department of Education shall execute an interagency agreement to facilitate all referrals in this section. In accordance with the interagency agreement, the Department of Education shall offer a single point of contact for the Department of Health and Human Services to use in making referrals. Also in accordance with the interagency agreement, the Child Development Services System may make direct contact with the families who are referred. The referrals may take place electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply to the department aggregate data at least annually on the number of children referred to the Child Development Services System under this section who are found eligible for early intervention services and on the number of children found not eligible for early intervention services. In addition, the department shall supply data at least annually to the Child Development Services System on how many children in the ~~metabolic abnormality detection~~ newborn blood spot screening program as established by rule of the department under section 1533, subsection 2, paragraph G were screened and how many were found to have a metabolic disorder. The requirement in this section that a newborn infant be tested for the presence of treatable congenital, genetic or metabolic abnormalities conditions that may be expected to result in subsequent cognitive disability does not apply to a child if the parents of that child object on the grounds that the test conflicts with their religious tenets and practices.

Sec. 3. 22 MRSA §1533, sub-§2, as enacted by PL 1983, c. 848, §2, is amended to read:

2. Responsibility for the program. The commissioner shall designate personnel within the ~~Division~~ department's division of ~~Maternal and Child Health~~ family health to:

A. Coordinate matters pertaining to detection, prevention and treatment of genetic conditions and metabolic disorders;

A-1. Establish, maintain and operate a tracking system to assess and coordinate treatment related to congenital, genetic and metabolic disorders;

A-2. Evaluate the effectiveness of screening, counseling and health care services in reducing the morbidity and mortality caused by heritable disorders in newborns and children;

A-3. Collect, analyze and make available to families data on certain heritable disorders;

A-4. Ensure access to treatment and other services that will improve clinical and developmental outcomes. To accomplish this, the department is authorized to share data with other states' public health newborn blood spot screening programs;

- B. Cooperate with and stimulate public and private not-for-profit associations, agencies, corporations, institutions or other entities involved in developing and implementing eligible programs and activities designed to provide services for genetic conditions and metabolic disorders;
- C. Administer any funds ~~which~~ that are appropriated for the services and expenses of a genetic screening, counseling and education program;
- D. Enter into agreements and contracts for the delivery of genetic services;
- E. Establish, promote and maintain a public information program on genetic conditions and metabolic disorders and the availability of counseling and treatment services;
- F. Publish, from time to time, the results of any relevant research, investigation or survey conducted on genetic conditions and metabolic disorders and, from time to time, collate those publications for distribution to scientific organizations and qualified scientists and physicians; and
- G. ~~Promulgate regulations~~ Adopt rules necessary to carry out the purposes of this ~~section~~ chapter.

See title page for effective date.

CHAPTER 515

S.P. 622 - L.D. 1657

**An Act Regarding Maine
Public Employees Retirement
System Life Insurance Policies**

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

Whereas, this legislation needs to take effect before the expiration of the 90-day period in order to provide beneficiaries of the Maine Public Employees Retirement System's group life insurance and group accidental death insurance benefits as soon as possible; 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 enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §18057, as amended by PL 1991, c. 480, §5, is further amended to read:

§18057. Payments on death

Any amount of group life insurance and group accidental death insurance in force on any employee at the date of ~~his~~ the employee's death ~~shall~~ must be paid, upon the establishment of a valid claim, in the following order of precedence.

1. Designated beneficiary. First, to the beneficiary or beneficiaries whom the employee designated in writing, if the written designation was received in the retirement system office or postmarked before the employee's death.

2. Widow or widower. Second, if no beneficiary qualifies under subsection 1, to the widow or widower of the employee.

2-A. Executor or personal representative. Third, if no one qualifies under subsection 1 or 2, to the employee's duly appointed executor or personal representative for distribution according to the provisions of a lawfully executed will. This subsection is applicable only if the retirement system is notified of the appointment of the executor or personal representative within 6 months of the date of death of the employee.

3. Children. ~~Third~~ Fourth, if no one qualifies under subsection 1 ~~or 2~~ or 2-A, to the child or children of the employee and descendants of deceased children by representation.

4. Parents. ~~Fourth~~ Fifth, if no one qualifies under subsection 1, 2, 2-A or 3, to the surviving parent or parents of the employee.

~~**5. Executor or conservator.** Fifth, if no one qualifies under subsection 1, 2, 3 or 4, to the duly appointed executor or conservator or the estate of the employee.~~

6. Next of kin. Sixth, if no one qualifies under subsection 1, 2, 2-A, 3, or 4 ~~or 5~~, to other next of kin of the employee entitled under the laws of domicile of that employee at the time of ~~his~~ the employee's death.

Sec. 2. 5 MRSA §18657, as amended by PL 1991, c. 480, §10, is further amended to read:

§18657. Payments on death

Any amount of group life insurance and group accidental death insurance in force on any employee at the date of ~~his~~ the employee's death ~~shall~~ must be paid, upon the establishment of a valid claim, in the following order of precedence.

1. Designated beneficiary. First, to the beneficiary or beneficiaries whom the employee designated in writing, if the written designation was received in the retirement system office or postmarked before the employee's death.