

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

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JULY 12, 2010

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

Augusta, Maine
2010

Sec. 1. 28-A MRSA §1076, sub-§10 is enacted to read:

10. Self-sponsored event permit. The bureau may issue a self-sponsored event permit to a qualified catering service in addition to a license issued in accordance with this section. A self-sponsored event permit authorizes the licensee to serve spirits, wine and malt liquor at an event sponsored by the licensee at the facility that is the licensee's principal place of business as a qualified catering service. The permit allows for up to 100 self-sponsored events per year under the following conditions:

A. The licensee submits an application as prescribed by the bureau;

B. The primary business of the licensee does not involve serving alcoholic beverages on a day-to-day basis at self-sponsored events;

C. The licensee notifies the bureau of a self-sponsored event a minimum of 3 business days prior to the event by first class mail, facsimile transmission, electronic mail or other method prescribed by the bureau;

D. The licensee provides at a self-sponsored event a diverse selection of food, primarily prepared from a complete kitchen at the licensee's facility and served at multiple food stations or a buffet service or passed by servers or served as a plated sit-down meal. The selection of food must include more than snack foods such as potato chips, crackers, pretzels or nuts, but snack foods may be used in the preparation of a meal or as an accompaniment to a prepared meal;

E. If liquor is served later than 9:00 p.m. at a self-sponsored event and after the service of food described in paragraph D is complete, the licensee continues to offer food, which may be lighter than a buffet service or a sit-down meal, such as sandwiches and pizza;

F. Self-sponsored events are public or private events requiring an admission fee for the service of food and beverages by the licensee that may include visual or participatory entertainment provided by the licensee in accordance with the laws and rules governing this Title; and

G. Self-sponsored events do not exceed 7 hours.

The license fee for a self-sponsored event permit is \$700 annually. Renewal of a permit under this subsection must coincide with renewal of the license issued in accordance with this section.

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

Effective March 22, 2010.

CHAPTER 531 S.P. 606 - L.D. 1599

An Act Regarding the Maternal and Infant Death Review Panel

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

Whereas, the statute establishing the maternal and infant death review panel includes a repeal date of January 1, 2011; and

Whereas, unless action is taken in the 124th Legislature to prevent the repeal, the panel's work, which furthers the public health and welfare, will cease; 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. 22 MRSA §261, as enacted by PL 2005, c. 467, §1, is amended to read:

§261. Maternal and infant death review panel

The department shall establish the maternal and infant death review panel in accordance with this section.

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Center" means the Maine Center for Disease Control and Prevention.

B. "Deceased person" means a woman who died during pregnancy or within 42 days of giving birth or a child who died within 1 year of birth.

C. "Director" means the director of the center.

C-1. "Family" means a woman who has experienced a fetal death or the parent or parents or other authorized representative of a deceased person.

D. "Panel" means the maternal and infant death review panel established under this section.

E. "Panel coordinator" means an employee of the center who is appointed by the director or a person designated by the panel coordinator. The panel coordinator must be a licensed physician or

registered nurse or other health care professional licensed or registered in this State.

2. Membership. The panel consists of health care and social service providers, public health officials, law enforcement officers and other persons with professional expertise on maternal and infant health and mortality. The director shall appoint the members of the panel, who serve at the pleasure of the director. The director shall appoint an employee of the center to serve as panel coordinator.

3. Contact with family. The first contact pursuant to this section with ~~a parent or parents or other authorized representative of a deceased person~~ the family may not occur prior to 4 months after the death and must:

A. Be by letter from the State Health Officer on letterhead of the center; and

B. Include ~~a separate~~ an invitation to participate in a review of the death of the deceased person or the fetal death from a statewide organization dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality.

4. Duties and powers of panel coordinator. The panel coordinator has the following duties and powers.

A. The panel coordinator shall review the deaths of all women during pregnancy or within 42 days of giving birth, the majority of cases in which a fetal death occurs after 28 weeks of gestation and the majority of deaths of infants under 1 year of age, with selection of cases of infant death based on the need to review particular causes of death or ~~obtaining the need to obtain~~ a representative sample of all deaths.

A-1. The panel coordinator may have access to the death certificates of deceased persons and to fetal death certificates of fetal deaths occurring after 28 weeks of gestation.

B. Prior to accessing medical records, the panel coordinator shall obtain permission in all cases for access to those records from the ~~parent or parents or other authorized representative of the deceased person~~ family.

C. Prior to conducting a voluntary interview, the panel coordinator shall obtain permission in all cases for the interview from the ~~parent or parents or other authorized representative of the deceased person~~ family.

D. The panel coordinator may conduct voluntary interviews with the ~~parent or parents of a deceased child or other relevant family members of a deceased person~~ family. The purpose of the voluntary interview is limited to gathering information

or data for the purposes of the panel in summary or abstract form without family names or patient identifiers. A person who conducts interviews under this paragraph must meet the qualifications for panel coordinator and also have professional experience or training in bereavement services. A person conducting an interview under this paragraph may make a referral for bereavement counseling.

E. The panel coordinator shall prepare a summary or abstract of relevant information regarding the ~~deceased person~~ case, as determined to be useful to the panel, but without the name or identifier of the deceased person or the woman who experienced a fetal death, and shall present the summary or abstract to the panel.

5. Duties and powers of panel. The panel has the following duties and powers.

A. The panel shall conduct comprehensive multidisciplinary reviews of data presented by the panel coordinator.

B. The panel shall present an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must identify factors contributing to maternal and infant death in the State, determine the strengths and weaknesses of the current maternal and infant health care delivery system and make recommendations to the department to decrease the rate of maternal and infant death.

The panel shall offer a copy of the annual report to the ~~parent or parents or other authorized representative of the deceased person~~ person or persons that granted permission to the panel coordinator for a voluntary interview under subsection 4, paragraph C.

C. The panel shall share the results of its data reviews and recommendations with the child death and serious injury review panel established pursuant to section 4004, subsection 1, paragraph E. The maternal and infant death review panel may request and review data from the child death and serious injury review panel, regardless of any prior work by the child death and serious injury review panel.

6. Limitations. The panel coordinator may not proceed with reviews of medical records or voluntary interviews without the permission of the ~~parent or parents or other authorized representative of the deceased person~~ family. The panel coordinator may not photocopy or retain copies of medical records or review cases of abortion. In performing work under this section, the panel coordinator shall minimize the burden imposed on health care practitioners, hospitals and facilities.

7. Confidentiality. All records created or maintained pursuant to this section, other than reports provided under subsection 5, paragraph B, are protected as provided in this subsection. The records are confidential under section 42, subsection 5. The records are not open to public inspection, are not public records for the purposes of Title 1, chapter 13, subchapter 1 and are not subject to subpoena or civil process nor admissible in evidence in connection with any judicial, executive, legislative or other proceeding.

8. Immunity. A health care practitioner, hospital or health care facility or the employee or agent of that person or entity is not subject to civil or criminal liability arising from the disclosure or furnishing of records or information to the panel pursuant to this section.

9. Funding. The department may accept any public or private funds to carry out the purposes of this section.

10. Rulemaking. The department shall adopt rules to implement this section, including rules on collecting information and data, selecting members of the panel, collecting and using individually identifiable health information and conducting reviews under this section. The rules must ensure that access to individually identifiable health information is restricted as much as possible while enabling the panel to accomplish its work. The rules must establish a protocol to preserve confidentiality, specify the manner in which the family and authorized representatives will be contacted for permission and maintain public confidence in the protection of individually identifiable information. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

~~**11. Repeal.** This section is repealed January 1, 2011.~~

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

Effective March 22, 2010.

CHAPTER 532

H.P. 1092 - L.D. 1550

An Act To Promote Opportunity for Workers in the Maine Woods

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

Sec. 1. 14 MRSA §4422, sub-§9-A is enacted to read:

9-A. Logging implements. The debtor's interest in one of every type of professional logging implement reasonably necessary for the debtor to harvest and haul wood commercially, including any personal property incidental to its maintenance and operation.

See title page for effective date.

CHAPTER 533

H.P. 1145 - L.D. 1617

An Act Enabling Expedited Partner Therapy

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

Sec. 1. 22 MRSA c. 251, sub-c. 3, art. 5 is enacted to read:

ARTICLE 5

EXPEDITED PARTNER THERAPY

§1241. Definitions

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

1. Department. "Department" means the Department of Health and Human Services, Maine Center for Disease Control and Prevention.

2. Expedited partner therapy. "Expedited partner therapy" means prescribing, dispensing, furnishing or otherwise providing prescription antibiotic drugs to the sexual partner or partners of a person clinically diagnosed as infected with a sexually transmitted disease without physical examination of the partner or partners.

3. Health care professional. "Health care professional" means an allopathic physician licensed pursuant to Title 32, chapter 48, an osteopathic physician licensed pursuant to Title 32, chapter 36, a physician assistant who has been delegated the provision of sexually transmitted disease therapy or expedited partner therapy by that physician assistant's supervising physician, an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician that authorizes the provision of sexually transmitted disease therapy or expedited partner therapy or an advanced practice registered nurse who possesses appropriate clinical privileges in accordance with Title 32, chapter 31.

4. Sexually transmitted disease. "Sexually transmitted disease" means a bacterial, viral, fungal or parasitic disease determined by rule of the department to be sexually transmitted, to be a threat to the public health and welfare and to be a disease for which a le-