

LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-FIFTH LEGISLATURE

FIRST SPECIAL SESSION September 27, 2011

SECOND REGULAR SESSION January 4, 2012 to May 31, 2012

THE EFFECTIVE DATE FOR FIRST SPECIAL SESSION LAWS IS SEPTEMBER 28, 2011

THE GENERAL EFFECTIVE DATE FOR SECOND REGULAR SESSION NON-EMERGENCY LAWS IS AUGUST 30, 2012

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

Augusta, Maine 2012

OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	(\$52,308)
INLAND FISHERIES AND WILDLIFE, DEPARTMENT OF		
DEPARTMENT TOTALS	2011-12	2012-13
OTHER SPECIAL REVENUE FUNDS	\$0	\$0
DEPARTMENT TOTAL - ALL FUNDS	\$0	\$0

Sec. 10. Effective date. That section of this Act that repeals the Maine Revised Statutes, Title 12, section 10108, subsection 3 takes effect January 1, 2013.

See title page for effective date, unless otherwise indicated.

CHAPTER 577

H.P. 1267 - L.D. 1715

An Act To Allow for Timely Access to and Enhanced Administration of All Vaccines

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

Sec. 1. 32 MRSA §13702-A, sub-§28, as amended by PL 2009, c. 308, §1, is further amended to read:

28. Practice of pharmacy. "Practice of pharmacy" means the interpretation and evaluation of prescription drug orders; the compounding, dispensing, and labeling of drugs and devices, except labeling by a manufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs and devices; the participation in drug selection and drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records for these drugs and devices; the administration of influenza vaccine, intranasal influenza vaccine, pneumococcal vaccine, shingles or herpes zoster vaccine, tetanus diphtheria pertussis vaccine and tetanusdiphtheria vaccine vaccines licensed by the United States Food and Drug Administration that are recommended by the United States Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, or successor organization, for administration to adults; the responsibility for advising, when necessary or regulated, of therapeutic values, content,

hazards and use of drugs and devices; and the offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of a pharmacy.

Sec. 2. 32 MRSA §13755 is enacted to read:

§13755. Vaccine clinics

A pharmacy may operate a vaccine administration clinic inside, outside or off the pharmacy's premises.

Sec. 3. 32 MRSA §13831, sub-§§2 and 3, as enacted by PL 2009, c. 308, §3, are amended to read:

2. Administration of other vaccines. A pharmacist licensed in this State who meets the qualifications and requirements of section 13832 and rules adopted by the board, in addition to influenza vaccines under subsection 1, may administer pneumococcal vaccine, shingles or herpes zoster vaccine, tetanusdiphtheria pertussis vaccine, tetanus diphtheria vaccine and booster tetanus diphtheria vaccine vaccines licensed by the United States Food and Drug Administration that are recommended by the United States Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, or successor organization, for administration to adults to a person 18 years of age or older according to a valid prescription when the person has an existing primary care physician or other existing relationship with a nurse practitioner or an authorized practitioner in this State. When the person does not have an existing relationship with a primary care physician, nurse practitioner or other practitioner in this State, the pharmacist may proceed to administer according to a treatment protocol established by an authorized practitioner or a written standing order from a practitioner authorized under the laws of this State to issue an order, a prescription or a protocol to a person 18 years of age or older for pneumococcal vaccine, shingles or herpes zoster vaccine, tetanus diphtheria pertussis vaccine, tetanusdiphtheria vaccine or booster tetanus diphtheria vaceine vaccines licensed by the United States Food and Drug Administration that are recommended by the United States Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, or successor organization, for administration to adults.

3. Emergency administration of certain drugs. A pharmacist may administer epinephrine or diphenhydramine, or both, to a person in an emergency situation resulting from an adverse reaction to an immunization <u>a vaccine</u> administered by the pharmacist.

Sec. 4. 32 MRSA §13831, sub-§4 is enacted to read:

4. Vaccine clinics. A pharmacist or pharmacy licensed under this chapter may operate a vaccine administration clinic inside, outside or off the pharmacy's premises if the pharmacist or pharmacy obtains approval from the board for the plan of operation of such clinics pursuant to rules adopted under section 13835, subsection 1.

Sec. 5. 32 MRSA §13832, first ¶, as enacted by PL 2009, c. 308, §3, is amended to read:

In order to administer a drug or immunization vaccine under this subchapter, a pharmacist must:

Sec. 6. 32 MRSA §13833, as enacted by PL 2009, c. 308, §3, is amended to read:

§13833. Treatment protocol

The pharmacist shall administer drugs and immunizations vaccines in compliance with a treatment protocol established by a practitioner authorized under the laws of this State to order administration of those drugs and immunizations vaccines approved by the board. A copy of the treatment protocol must be submitted to the board. At a minimum the treatment protocol must include:

1. Standards. Standards for observation of the person receiving the drug or immunization vaccine to determine whether the person has an adverse reaction, as adopted in rules by the board;

2. Procedures. Procedures to be followed by the pharmacist when administering epinephrine, <u>or</u> diphenhydramine, or both, to a person who has an adverse reaction to an immunization <u>a vaccine</u> administered by the pharmacist; and

3. Notification. Notification to the authorized practitioner who issued the prescription, standing order or protocol under section 13831, subsection 2 of the administration by the pharmacist of the drug or immunization vaccine, or both, within 3 business days.

Sec. 7. 32 MRSA §13834, as enacted by PL 2009, c. 308, §3, is amended to read:

§13834. Prohibited acts

1. Delegate authority. A pharmacist may not delegate the pharmacist's authority to administer drugs or immunizations vaccines.

2. Administer drugs. A pharmacist may not engage in the administration of drugs or immunizations vaccines unless the pharmacist meets the qualifications and requirements of section 13832 and the pharmacist has obtained a board-issued certificate of administration.

Sec. 8. 32 MRSA §13835, sub-§1, as enacted by PL 2009, c. 308, §3, is amended to read:

1. Criteria. Criteria for the operation of a drug vaccine administration clinic within or inside, outside a or off the premises of a retail pharmacy, rural health clinic or free clinic licensed under section 13751. The

rules must require one-time board approval of the plan of operation for any vaccine administration clinics to be operated by a pharmacist or pharmacy and may not require board approval of each individual clinic;

Sec. 9. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 32, chapter 117, subchapter 13, in the subchapter headnote, the words "administration of drugs and immunizations" are amended to read "administration of drugs and vaccines" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

Sec. 10. Appropriations and allocations. The following appropriations and allocations are made.

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF

Administrative Services - Professional and Financial Regulation 0094

Initiative: Provides a one-time allocation in fiscal year 2012-13 for the licensing system modification costs associated with allowing a pharmacist or pharmacy to operate a vaccine administration clinic.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$0	\$2,500
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$2,500

Licensing and Enforcement 0352

Initiative: Provides a one-time allocation in fiscal year 2012-13 for the rulemaking costs associated with allowing a pharmacist or pharmacy to operate a vaccine administration clinic.

OTHER SPECIAL REVENUE FUNDS	2011-12	2012-13
All Other	\$0	\$2,500
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$2,500
PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF		
DEPARTMENT TOTALS	2011-12	2012-13
OTHER SPECIAL REVENUE FUNDS	\$0	\$5,000

DEPARTMENT TOTAL -ALL FUNDS

See title page for effective date.

\$0

\$5,000

CHAPTER 578

H.P. 1370 - L.D. 1852

An Act To Provide a More Comprehensive Ban on the Possession of Synthetic Hallucinogenic Drugs

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

Sec. 1. 17-A MRSA §1101, sub-§16-A, ¶¶G and H, as enacted by PL 2011, c. 465, §5, are amended to read:

G. Napthylpyrovalerone, NRG-1;or

H. Beta-keto-N-methylbenzodioxolylpropylamine-:

Sec. 2. 17-A MRSA §1101, sub-§16-A, ¶¶ I to O are enacted to read:

I. 4 - methylethcathinone, 4-MEC;

J. Butylone;

K. Eutylone;

L. Pentedrone;

M. Pentylone;

N. 2, 5 - dimethoxy-4-ethylphenethylamine; or

O. A derivative of cathinone, including any compound, material, mixture, preparation or other product, structurally derived from 2-aminopropan-1-one by substitution at the 1-position with either phenyl, naphthyl or thiophene ring systems, whether or not the compound is further modified in any of the following ways:

(1) By substitution in the ring system to any extent with alkyl, alkylenedioxy, alkoxy, haloalkyl, hydroxyl or halide substituents, whether or not further substituted in the ring system by one or more other univalent substitutents;

(2) By substitution at the 3-position with an acyclic alkyl substituent; or

(3) By substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl or methoxybenzyl groups or by inclusion of the 2-amino nitrogen atom in a cyclic structure. This paragraph does not include a drug listed in section 1102 or a drug approved by the United States Food and Drug Administration.

See title page for effective date.

CHAPTER 579

H.P. 1395 - L.D. 1892

An Act To Implement the Recommendations of the Joint Standing Committee on Agriculture, Conservation and Forestry under the State Government Evaluation Act

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

Sec. 1. 3 MRSA §959, sub-§1, ¶A, as amended by PL 2009, c. 552, §1, is further amended to read:

A. The joint standing committee of the Legislature having jurisdiction over agriculture, conservation and forestry matters shall use the following list as a guideline for scheduling reviews:

(1) Baxter State Park Authority in 2017;

(2) Department of Conservation in 2011 2019;

(3) Blueberry Advisory Committee in 2011;

(4) Board of Pesticides Control in 2011 2019;

(5) Wild Blueberry Commission of Maine in 2011 2019;

(6) Seed Potato Board in 2011;

(7) Maine Dairy and Nutrition Council in 2015;

(8) Maine Dairy Promotion Board in 2015;

(9) Maine Milk Commission in 2015;

(10) State Harness Racing Commission in 2015;

(11) Maine Agricultural Bargaining Board in 2017;

(12) Department of Agriculture, Food and Rural Resources in 2017; and

(14) Land for Maine's Future Board in 2015.

Sec. 2. 36 MRSA §4312-C, sub-§4, as enacted by PL 1997, c. 511, §21 and affected by §25, is repealed and the following enacted in its place:

4. Term. Members are appointed to staggered 4-year terms so that the terms of 2 members expire on