MAINE STATE LEGISLATURE

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LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SIXTH LEGISLATURE

FIRST REGULAR SESSION December 5, 2012 to July 10, 2013

THE GENERAL EFFECTIVE DATE FOR FIRST REGULAR SESSION NON-EMERGENCY LAWS IS OCTOBER 9, 2013

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

Augusta, Maine 2013

may adopt rules as necessary for the purposes of implementing, administering and enforcing this section. The department shall charge a reasonable fee to be paid by an applicant for approval of a paint stewardship program for review of the plan. The department may establish a reasonable annual fee to cover the actual costs for annual report review, oversight, administration and enforcement. Fees established under this subsection may not exceed the greater of \$82,000 per year and 1% of total program costs as set forth in the independent financial auditing report required under subsection 5.

- 7. Retailers. Beginning July 1, 2015 or 3 months after a plan is approved by the commissioner under subsection 2, whichever occurs later, a retailer may not sell architectural paint unless, on the date the retailer orders the architectural paint from the producer or its agent, the producer or the paint brand is listed on the department's publicly accessible website as implementing or participating in an approved paint stewardship program. A retailer may participate as a paint collection point pursuant to the paint stewardship program on a voluntary basis and pursuant to all applicable laws and rules. A retailer that collects postconsumer paint must follow a collection site procedure manual developed by a producer or representative organization to ensure the use of environmentally sound management practices when handling architectural paints at collection locations.
- **8.** List of producers and brands. The department shall post on its publicly accessible website a list of the producers participating and the brands included in a paint stewardship program.
- 9. Relationship to other product stewardship program laws. A paint stewardship program established pursuant to this section is governed by the provisions of this section and is exempt from any requirements related to product stewardship programs established under chapter 18 unless otherwise specifically provided.
- 10. Rules. The department may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
- **Sec. 2. Appropriations and allocations.** The following appropriations and allocations are made.

ENVIRONMENTAL PROTECTION, DEPARTMENT OF

Administration - Environmental Protection 0251

Initiative: Provides an ongoing Other Special Revenue Funds allocation to the Department of Environmental Protection for administrative and technology costs associated with an architectural paint product stewardship program.

OTHER SPECIAL REVENUE FUNDS	2013-14	2014-15
All Other	\$1,562	\$1,562
OTHER SPECIAL	\$1,562	\$1,562

Remediation and Waste Management 0247

Initiative: Provides an ongoing Other Special Revenue Funds allocation to the Department of Environmental Protection for one full-time Environmental Specialist III position and related administrative and technology costs associated with an architectural paint product stewardship program.

OTHER SPECIAL REVENUE FUNDS	2013-14	2014-15
POSITIONS - LEGISLATIVE COUNT	1.000	1.000
Personal Services	\$68,182	\$72,674
All Other	\$1,495	\$1,495
OTHER SPECIAL REVENUE FUNDS TOTAL	\$69,677	\$74,169
ENVIRONMENTAL PROTECTION, DEPARTMENT OF		
DEPARTMENT TOTALS	2013-14	2014-15
OTHER SPECIAL REVENUE FUNDS	\$71,239	\$75,731
DEPARTMENT TOTAL - ALL FUNDS	\$71,239	\$75,731

See title page for effective date.

CHAPTER 396 H.P. 1000 - L.D. 1404

An Act To Ensure the Integrity of Maine's Medical Marijuana Program

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

Whereas, under the Maine Medical Use of Marijuana Act, the restrictions on primary caregivers result

in shorter supply, raising the price for patients with debilitating medical conditions; and

Whereas, allowing primary caregivers to employ staff will benefit the economy; and

Whereas, these measures need to be enacted as soon as possible to bring relief to the patients and to stimulate the economy; 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 §2422, sub-§8-A,** as enacted by PL 2011, c. 407, Pt. B, §9, is amended to read:
- **8-A. Primary caregiver.** "Primary caregiver" means a person <u>or an employee of that person</u>, a hospice provider licensed under chapter 1681 or a nursing facility licensed under chapter 405 that provides care for a qualifying patient in accordance with section 2423-A, subsection 2. A person who is a primary caregiver must be at least 21 years of age and may not have been convicted of a disqualifying drug offense.
- **Sec. 2. 22 MRSA §2423-A, sub-§1, ¶F,** as amended by PL 2011, c. 407, Pt. B, §16, is further amended to read:
 - F. Designate one primary caregiver or a registered dispensary to cultivate marijuana for the medical use of the patient, except that a hospice provider or a nursing facility that is designated as a primary caregiver by a patient and the staff of the provider or facility may not be designated to cultivate marijuana for the patient. The qualifying patient must designate the primary caregiver or registered dispensary to cultivate for the patient in a standardized written document, developed by the department, signed and dated by the qualifying patient, which must include a one-year expiration, the total number of mature plants the primary caregiver is designated to cultivate and the signed acknowledgment of the primary caregiver that the primary caregiver may be contacted to confirm the designation of the primary caregiver to cultivate for the patient and the number of mature plants to be cultivated and being cultivated for the patient or the signed acknowledgment of a person on behalf of the registered dispensary that the registered dispensary may be contacted to confirm the designation of the dispensary to cultivate for the patient and the number of mature plants to be cultivated and being cultivated for the patient; and

- **Sec. 3. 22 MRSA §2423-A, sub-§1, ¶G,** as amended by PL 2011, c. 407, Pt. B, §16, is further amended to read:
 - G. Be in the presence or vicinity of the medical use of marijuana and assist any qualifying patient with using or administering marijuana-: and
- Sec. 4. 22 MRSA §2423-A, sub-§1, ¶H is enacted to read:
 - H. Accept excess prepared marijuana from a primary caregiver in accordance with subsection 2, paragraph H if nothing of value is provided to the primary caregiver.
- **Sec. 5. 22 MRSA §2423-A, sub-§2, ¶G,** as amended by PL 2011, c. 407, Pt. B, §16, is further amended to read:
 - G. Prepare food as defined in section 2152, subsection 4 containing marijuana for medical use by a qualifying patient pursuant to section 2152, subsection 4-A and section 2167; and
- **Sec. 6. 22 MRSA §2423-A, sub-§2, ¶H,** as enacted by PL 2011, c. 407, Pt. B, §16, is amended to read:
 - H. For the purpose of disposing of excess prepared marijuana, transfer marijuana to a registered dispensary, a qualifying patient or another primary caregiver if nothing of value is received provided to the primary caregiver. A primary caregiver who transfers prepared marijuana pursuant to this paragraph does not by virtue of only that transfer qualify as a member of a collective.
- Sec. 7. 22 MRSA §2423-A, sub-§2, ¶I is enacted to read:
 - I. Employ one person to assist in performing the duties of the primary caregiver.
- Sec. 8. 22 MRSA §2423-A, sub-§3, ¶E is enacted to read:
 - E. A person who is authorized to cultivate marijuana under subsection 1 or 2 and who is employed by a primary caregiver pursuant to subsection 2, paragraph I may not cultivate that person's own marijuana in the location used for cultivation by the primary caregiver who employs that person.
- Sec. 9. 22 MRSA §2425, sub-§1, ¶F, as amended by PL 2009, c. 631, §28 and affected by §51, is further amended to read:
 - F. If the qualifying patient names one or 2 primary caregivers, an indication of which person, if any, is designated to cultivate marijuana for the qualifying patient's medical use. Only one person may be primary caregiver, including an employee

of that caregiver, is allowed to cultivate marijuana for a registered patient; and

- Sec. 10. 22 MRSA §2425, sub-§4, as amended by PL 2009, c. 631, §31 and affected by §51, is further amended to read:
- 4. Primary caregiver registry identification card. The department shall issue a registry identification card to each registered primary caregiver, if any, who is named in a registered patient's approved application pursuant to subsection 1, paragraph E and, if the registered primary caregiver employs an employee pursuant to section 2423-A, subsection 2, paragraph I, to that employee.
- **Sec. 11. 22 MRSA §2425, sub-§5,** as repealed and replaced by PL 2011, c. 691, Pt. A, §21, is amended to read:
- 5. Registry identification card issuance. The department shall issue registry identification cards to registered patients, to registered primary caregivers, to employees of registered caregivers and to staff of hospice providers and nursing facilities designated by registered patients as primary caregivers within 5 days of approving an application or renewal under this section. Registry identification cards expire one year after the date of issuance except that the date of issuance and expiration date of a registered primary caregiver's registry identification card must be the same as the issuance and expiration dates on the patient's registry identification card. Registry identification cards must contain:
 - A. The name of the cardholder:
 - C. The date of issuance and expiration date of the registry identification card;
 - D. A random identification number that is unique to the cardholder; and
 - F. A clear designation showing whether the cardholder is allowed under this chapter to cultivate marijuana.
- **Sec. 12.** Adoption of rules. The Department of Health and Human Services shall adopt rules within its medical use of marijuana program with regard to a person who is employed by a primary caregiver pursuant to the Maine Revised Statutes, Title 22, section 2423-A, subsection 2, paragraph I to establish an annual registration fee of no less than \$25 and no more than \$50, to require a criminal history record check of the employee prior to registration and annually thereafter and to establish a criminal history record check fee of no less than \$31 and no more than \$60.

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

Effective July 2, 2013.

CHAPTER 397 H.P. 310 - L.D. 460

An Act To Protect Newborn Infants from Critical Congenital Heart Disease

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

Whereas, according to the United States Department of Health and Human Services' Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, congenital heart disease affects 7 to 9 of every 1,000 children born in the United States and Europe; and

Whereas, the federal Centers for Disease Control and Prevention states that congenital heart disease is the leading cause of infant deaths due to birth defects; and

Whereas, many newborn lives could be saved by earlier detection and treatment of congenital heart disease if birthing facilities in this State were required to perform screening for the presence of critical congenital heart disease by means of the most appropriate technology; and

Whereas, each day that goes by without appropriate screening places infants at risk; 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 §1532, as amended by PL 2009, c. 514, §2, is repealed and the following enacted in its place:

§1532. Detection of serious conditions

The department shall require hospitals, birthing centers and other 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 conditions that may be expected to result in subsequent cognitive disabilities, serious illness or death and by means of appropriate technology for the presence of critical congenital heart disease.

1. Define requirement and methods; assistance. The department shall define the requirement under this section that a newborn infant must be tested for the presence of treatable congenital, genetic or