

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

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Sec. 11. 22 MRSA §2425, sub-§5, as repealed and replaced by PL 2011, c. 691, Pt.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

metabolic conditions that may be expected to result in subsequent cognitive disabilities and the approved testing methods, materials, procedures and 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.

2. Referrals. The department shall in a timely fashion refer newborn infants with confirmed treatable congenital, genetic or metabolic conditions or critical congenital heart disease to the Child Development Services System as defined in Title 20-A, section 7001, subsection 1-A. The department 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 condition without the specific nature of the condition having been confirmed. The department and the Department of Education shall execute an interagency agreement to facilitate all referrals made pursuant to 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 be made electronically. For purposes of quality assurance and improvement, the Child Development Services System shall supply aggregate data to the department at least annually on the numbers of children referred to the Child Development Services System under this section who were found eligible and ineligible for early intervention services. The department shall supply data at least annually to the Child Development Services System on how many children in the 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 disorder.

3. Religious objection exemption. The requirement under this section that a newborn infant must be tested for the presence of treatable congenital, genetic or metabolic conditions that may be expected to result in subsequent cognitive disabilities or for the presence of critical congenital heart disease 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.

4. Report. A hospital, birthing center or other birthing service that tests a newborn infant pursuant to this section shall report to the department aggregate data on the testing, including but not limited to the number of infants born, the number tested for treatable congenital, genetic or metabolic conditions, the number screened for critical congenital heart disease, the

results of the screening and testing and, for heart disease screening the type of screening tool used.

Sec. 2. Existing resources. The Department of Health and Human Services shall perform its duties under the Maine Revised Statutes, Title 22, section 1532 within existing resources.

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

Effective July 2, 2013.

CHAPTER 398

H.P. 64 - L.D. 71

An Act To Regulate Dealers in Secondhand Precious Metals

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

Sec. 1. 30-A MRSA §3972 is enacted to read:

§3972. Dealers in secondhand precious metals

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

A. "Dealer" means a person who engages in the business of purchasing, selling or acquiring through exchange secondhand precious metals.

B. "Precious metals" means any item composed in whole or in part of gold or silver, but does not include dental gold, unrefined metal ore, an electronic product, any part of a mechanical system on a motor vehicle or gold or silver coins or bullion.

C. "Seller" means a person who sells or provides through an exchange secondhand precious metals to a dealer.

2. Records required. A dealer shall maintain the following records with respect to each transaction conducted by the dealer involving secondhand precious metals:

A. The date, time and place of the transaction;

B. The name and address of the seller or other person from whom the dealer acquired the precious metals;

C. A digital photograph of each item of precious metals that is the subject of the transaction, as well as a complete description of the item purchased or acquired from the seller, including the weight of the item and any identification numbers, names, initials, serial numbers or identifying marks on the item;