

LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SEVENTH LEGISLATURE

FIRST REGULAR SESSION December 3, 2014 to July 16, 2015

THE GENERAL EFFECTIVE DATE FOR FIRST REGULAR SESSION NON-EMERGENCY LAWS IS OCTOBER 15, 2015

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

Augusta, Maine 2015

CHAPTER 351

H.P. 98 - L.D. 140

An Act To Expand Access To Lifesaving Opioid Overdose Medication

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

Sec. 1. 22 MRSA §2353, sub-§2, as enacted by PL 2013, c. 579, §1, is amended to read:

2. Prescription; possession; administration. The prescription, possession and administration of naloxone hydrochloride is governed by this subsection.

A. A health care professional may <u>directly or by</u> <u>standing order</u> prescribe naloxone hydrochloride to an individual at risk of experiencing an opioidrelated drug overdose.

B. An individual to whom naloxone hydrochloride is prescribed in accordance with paragraph A may provide the naloxone hydrochloride so prescribed to a member of that individual's immediate family to possess and administer to the individual if the family member believes in good faith that the individual is experiencing an opioidrelated drug overdose.

C. A health care professional may <u>directly or by</u> <u>standing order</u> prescribe naloxone hydrochloride to a member of an individual's immediate family for administration to the individual in the event of or a friend of the individual or to another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose iff:

(1) The health care professional has an established health care professional patient relationship with the individual; and

(2) The individual is at risk of experiencing an opioid-related drug overdose.

A health care professional who prescribes naloxone hydrochloride to a member of an individual's immediate family in accordance with this paragraph shall document in the individual's patient medical record the name of each family member who receives such a prescription and the health care professional's intention that the naloxone hydrochloride be administered to the individual.

D. If a member of an individual's immediate family, friend of the individual or other person is prescribed naloxone hydrochloride in accordance with paragraph C, that family member, friend or other person may administer the naloxone hydrochloride to the individual if the family member, friend or other person believes in good faith that the individual is experiencing an opioid-related drug overdose.

Nothing in this subsection affects the provisions of law relating to maintaining the confidentiality of medical records.

Sec. 2. 22 MRSA §2353, sub-§4 is enacted to read:

4. Community-based drug overdose prevention programs; standing orders for naloxone hydrochloride. Acting under standing orders from a licensed healthcare professional authorized by law to prescribe naloxone hydrochloride, a public health agency that provides services to populations at high risk for a drug overdose may establish an overdose prevention program in accordance with rules adopted by the department and the provisions of this subsection.

A. Notwithstanding any other provision of law, an overdose prevention program established under this subsection may store and dispense naloxone hydrochloride without being subject to the provisions of Title 32, chapter 117 as long as these activities are undertaken without charge or compensation.

B. An overdose prevention program established under this subsection may distribute unit-of-use packages of naloxone hydrochloride and the medical supplies necessary to administer the naloxone hydrochloride to a person who has successfully completed training provided by the overdose prevention program that meets the protocols and criteria established by the department, so that the person may possess and administer naloxone hydrochloride to an individual who appears to be experiencing an opioid-related drug overdose.

The department shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF (FORMERLY DHS)

Medical Care - Payments to Providers 0147

Initiative: Provides funding to allow for the prescription of naloxone hydrochloride by standing order to friends of and other persons in a position to assist an individual at risk of experiencing an opioid-related drug overdose in addition to immediate family members.

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GENERAL FUND All Other	2015-16 \$28,448	2016-17 \$28,296
GENERAL FUND TOTAL	\$28,448	\$28,296
FEDERAL EXPENDITURES FUND	2015-16	2016-17
All Other	\$47,352	\$47,504
FEDERAL EXPENDITURES FUND TOTAL	\$47,352	\$47,504

See title page for effective date.

CHAPTER 352

H.P. 122 - L.D. 164

An Act To Establish the Maine Length of Service Award Program

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

Sec. 1. 5 MRSA §3372 is enacted to read:

§3372. Maine Length of Service Award Program

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

A. "Accrued service award" means the total value, as of a given date, of a participant's program account.

B. "Board" means the Maine Length of Service Award Program Board of Trustees.

<u>C.</u> "Bona fide volunteer" has the same meaning as in the United States Internal Revenue Code, Section 457(e)(11).

D. "Eligible volunteer" means a bona fide volunteer performing qualified services in a municipal fire department if that bona fide volunteer is:

(1) A firefighter who is an active part-time or on-call member of a municipal fire department or a volunteer firefighter; or

(2) An emergency medical services person who provides on-call, part-time or volunteer emergency medical treatment under the direction of the chief of a municipal fire department and who is duly licensed under rules and protocols established by the Emergency Medical Services' Board pursuant to Title 32, section 88. <u>E.</u> "Emergency medical services person" means any person who routinely provides emergency medical treatment to the sick or injured.

F. "Emergency medical treatment" has the same meaning as in Title 32, section 83, subsection 13.

G. "Municipal fire department" has the same meaning as in Title 30-A, section 3151, subsection 1.

H. "Participant" means a person who participates in the program.

I. "Program" means the Maine Length of Service Award Program established in subsection 2.

J. "Program account" means a separate account maintained for each participant reflecting applicable contributions, applicable forfeitures, investment income or loss as well as administrative and investment expenses allocated to each participant and distributions paid from the account.

K. "Program trust fund" means a trust fund established by the board into which all contributions to the program are deposited.

L. "Qualified services" has the same meaning as in the United States Internal Revenue Code, Section 457(e)(11).

M. "Volunteer firefighter" has the same meaning as in Title 30-A, section 3151, subsection 4.

2. Program established. The Maine Length of Service Award Program is established to provide paid length of service awards to eligible volunteers. The program is administered by the board as set out in this section.

3. Board of trustees. The following provisions govern the Maine Length of Service Award Program Board of Trustees, which is established to oversee the program.

A. The board, as established in section 12004-G, subsection 30-E, is composed of 7 trustees, as follows:

(1) Four persons who are eligible volunteers, appointed by the Governor. Three of the persons appointed under this subparagraph must be selected from a list of 6 nominees submitted by a statewide federation of firefighters;

(2) A chief of a municipal fire department, appointed by the Governor and selected from a list of 3 nominees submitted by a statewide association of fire chiefs;

(3) A person who is qualified through training or experience in the field of investments, accounting, banking or insurance or who is an actuary, appointed by the Governor; and