

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SEVENTH LEGISLATURE

SECOND REGULAR SESSION
January 6, 2016 to April 29, 2016

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JULY 29, 2016

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

Augusta, Maine
2016

**CHAPTER 506
S.P. 655 - L.D. 1617**

**An Act Regarding the
Long-term Care Ombudsman
Program**

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

Sec. 1. 22 MRSA §5107-A, as amended by PL 2001, c. 596, Pt. B, §9 and affected by §25, is further amended by adding after the 2nd paragraph a new paragraph to read:

The ombudsman may provide advocacy during the hospital discharge process to assist patients with complex medical needs who experience significant barriers in accessing long-term services and supports. If the ombudsman provides advocacy, the ombudsman shall ensure that the patient has information regarding available options including, but not limited to: home and community-based services provided under MaineCare or funded by the State; admission to a residential care facility as defined in section 7852, subsection 14 and licensed according to section 7801; admission to a nursing facility licensed according to section 1817; and admission to an assisted living facility or program licensed pursuant to chapter 1663 or 1664. The ombudsman also may provide assistance to the patient after discharge from the hospital.

Sec. 2. Appropriations and allocations. The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,
DEPARTMENT OF (FORMERLY DHS)**

Office of Aging and Disability Services Central Office 0140

Initiative: Provides funds to contract for 2 additional positions in the long-term care ombudsman program to provide information on options and assist patients with complex medical needs with overcoming barriers to admission in a residential care facility, nursing facility or assisted living facility or program and provide services to facilities subsequent to placement of patients with complex medical needs.

GENERAL FUND	2015-16	2016-17
All Other	\$0	\$150,000
GENERAL FUND TOTAL	\$0	\$150,000

See title page for effective date.

**CHAPTER 507
H.P. 1057 - L.D. 1552**

**An Act To Reduce Morbidity
and Mortality Related to
Injected Drugs**

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

Sec. 1. 22 MRSA §1341, sub-§§1 and 2, as amended by PL 2007, c. 346, Pt. A, §1, are further amended to read:

1. Certification of programs. The Maine Center for Disease Control and Prevention may certify hypodermic apparatus exchange programs that meet the requirements established by rule under subsection 2, paragraphs A to D.

A. The Maine Center for Disease Control and Prevention may not limit the number of hypodermic apparatuses provided by the programs to participants.

B. The Maine Center for Disease Control and Prevention may not limit the number of hypodermic apparatuses that participants served by the programs may legally possess, transport or exchange.

2. Rules. The Maine Center for Disease Control and Prevention shall adopt rules pursuant to the Maine Administrative Procedure Act establishing requirements for hypodermic apparatus exchange programs and for program certification requirements. The rules must include but are not limited to:

A. Procedures for the safe disposal of hypodermic apparatuses;

B. Tracking the number of hypodermic apparatuses distributed and collected;

C. Drug abuse prevention and treatment education; ~~and~~

~~D. Measures to discourage the utilization of Distribution of educational material regarding the dangers associated with the use of used hypodermic apparatuses;~~

E. Application procedures for a certified hypodermic apparatus exchange program to apply for funds to operate the program including the purchase and disposal of hypodermic needles;

F. Criteria for the award of funds to certified hypodermic apparatus exchange programs;

G. Oversight of certified hypodermic apparatus exchange programs;

H. Renewal every 5 years of department certification of hypodermic apparatus exchange programs;

- I. Complaint investigation procedures; and
- J. Criteria for decertification of hypodermic apparatus exchange programs.

Rules adopted or amended pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. 22 MRSA §1341, sub-§4 is enacted to read:

4. Funding. This subsection governs the use of state funds for hypodermic apparatus exchange programs certified pursuant to this section. This subsection is not intended to limit the ability of certified programs to secure other sources of funding or to discourage fund-raising for the purpose of operating such programs. The Maine Center for Disease Control and Prevention shall allocate any funds appropriated for hypodermic apparatus exchange programs among new and existing certified programs based on rates of intravenous drug use and negative health outcomes related to drug use in the geographic area surrounding a program; if applicable, the amount of services historically provided by the certified program; and other relevant factors. The award of funds must occur not later than 60 days after the effective date of this subsection and annually thereafter based on the availability of funding.

See title page for effective date.

CHAPTER 508

H.P. 1054 - L.D. 1547

An Act To Facilitate Access to Naloxone Hydrochloride

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

Sec. 1. 22 MRSA §2353, sub-§1, ¶D is enacted to read:

D. "Pharmacist" means a pharmacist authorized to dispense naloxone hydrochloride pursuant to Title 32, section 13815.

Sec. 2. 22 MRSA §2353, sub-§2, as amended by PL 2015, c. 351, §1, is further 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 directly or by standing order prescribe naloxone hydrochloride to an individual at risk of experiencing an opioid-related drug overdose.

A-1. A pharmacist may dispense naloxone hydrochloride in accordance with protocols established under Title 32, section 13815 to an individual at risk of experiencing an opioid-related drug overdose.

B. An individual to whom naloxone hydrochloride is prescribed or dispensed in accordance with paragraph A or A-1 may provide the naloxone hydrochloride so prescribed or dispensed 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 opioid-related drug overdose.

C. A health care professional may directly or by standing order prescribe naloxone hydrochloride to a member of an individual's immediate family 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.

C-1. A pharmacist may dispense naloxone hydrochloride in accordance with protocols established under Title 32, section 13815 to a member of an individual's immediate family 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.

D. If a member of an individual's immediate family, friend of the individual or other person is prescribed or provided naloxone hydrochloride in accordance with paragraph C or C-1, 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. 3. 22 MRSA §2353, sub-§3, as enacted by PL 2013, c. 579, §1, is amended to read:

3. Authorized administration of naloxone hydrochloride by law enforcement officers and municipal firefighters. A law enforcement agency as defined in Title 25, section 3701, subsection 1 or a municipal fire department as defined in Title 30-A, section 3151, subsection 1 is authorized to obtain a supply of naloxone hydrochloride to be administered in accordance with this subsection. A law enforcement officer as defined in Title 17-A, section 2, subsection 17, in accordance with policies adopted by the law enforcement agency, and a municipal firefighter as defined in Title 30-A, section 3151, subsection 2, in accordance with policies adopted by the municipality, may administer intranasal naloxone hydrochloride as