

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

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

Augusta, Maine
2017

CHAPTER 188
S.P. 387 - L.D. 1166

**An Act Regarding Anesthesia
Care in Rural Maine**

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

Sec. 1. 32 MRSA §2211 is enacted to read:

§2211. Nurse anesthetist; authority

1. Definitions. For purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Critical access hospital" has the same meaning as in Title 22, section 7932, subsection 10.

B. "Rural area" has the same meaning as in Title 22, section 5104, subsection 10.

2. Authority generally. A certified registered nurse anesthetist is responsible and accountable to a licensed physician or dentist for aspects of anesthesia practice that require execution of the medical regimen as prescribed by that physician or dentist, except as provided in subsection 3.

3. Authority; critical access hospitals and rural hospitals. In a critical access hospital or in a hospital located in a rural area, a certified registered nurse anesthetist may, in accordance with the bylaws and policies of the facility in which the certified registered nurse anesthetist is practicing, formulate and implement a patient-specific plan for anesthesia care, which may include:

A. A preanesthetic assessment;

B. Verification of informed consent;

C. Adjustments and corrective actions as indicated;

D. Ordering appropriate laboratory tests and diagnostic imaging tests in the preoperative period and immediate postoperative period; and

E. Ordering and prescribing prescription drugs in the preoperative period and immediate postoperative period in accordance with this paragraph. For controlled substances listed in United States Drug Enforcement Administration Schedules III, IIIN, IV and V, a certified registered nurse anesthetist may prescribe drugs only:

(1) For a supply of not more than 4 days, with no prescription refills; and

(2) For an individual for whom the certified registered nurse anesthetist has, at the time of the prescription, established a client or patient record.

4. Rules. The board shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 189
H.P. 837 - L.D. 1200

**An Act Relating to the
Licensure of Physicians**

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

Sec. 1. 32 MRSA §2581, as amended by PL 2001, c. 492, §6, is further amended by adding after the 2nd paragraph a new paragraph to read:

The board may not require an applicant for initial licensure or license renewal as an osteopathic physician under this chapter to obtain certification from a specialty medical board or to obtain osteopathic continuous certification as a condition of licensure. For the purposes of this section, "osteopathic continuous certification" means a program that requires an osteopathic physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.

Sec. 2. 32 MRSA §3271, sub-§2, as amended by PL 2013, c. 355, §6, is further amended to read:

2. Postgraduate training. Each applicant who has graduated from an accredited medical school on or after January 1, 1970 but before July 1, 2004 must have satisfactorily completed at least 24 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Notwithstanding other requirements of postgraduate training, an applicant is eligible for licensure when the candidate has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the Accreditation Council on Graduate Medical Education and the applicant is eligible for accreditation by the American Board of Medical Specialties in both specialties. Each applicant who has graduated from an accredited medical school prior to January 1, 1970 must have satisfactorily completed at least 12 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who has graduated from an accredited medical school on or after July 1, 2004 or an unaccredited medical school