

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

FIRST REGULAR SESSION
December 7, 2016 to August 2, 2017

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
NOVEMBER 1, 2017

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

Augusta, Maine
2017

investigation must set forth the total projected costs of the transmission line as well as the total projected costs of the alternatives over the effective life of the proposed transmission line.

Sec. 5. 35-A MRSA §3132-A, sub-§1, as enacted by PL 2013, c. 369, Pt. C, §8, is amended to read:

1. Submission requirement. A person that proposes to undertake in the State a transmission project must provide the commission with ~~the following information:~~ a description of the need for the proposed transmission project.

~~A. Results of an investigation by an independent 3rd party, which may be the commission or a contractor selected by the commission, of nontransmission alternatives to construction of the proposed transmission project. The investigation must set forth the total projected costs of the transmission project as well as the total projected costs of the nontransmission alternatives over the effective life of the proposed transmission project; and~~

~~B. A description of the need for the proposed transmission project.~~

Sec. 6. 35-A MRSA §3132-A, sub-§1-A is enacted to read:

1-A. Nontransmission alternatives investigation. In considering whether to approve or disapprove all or portions of a proposed transmission project pursuant to subsection 2, the commission shall consider the results of an investigation by an independent 3rd party, which may be the commission or a contractor selected by the commission, of nontransmission alternatives to construction of the proposed transmission project. The investigation must set forth the total projected costs of the transmission project as well as the total projected costs of the alternatives over the effective life of the proposed transmission project.

Sec. 7. Nontransmission alternatives coordinator proceeding. By December 15, 2017, the Public Utilities Commission shall issue an order in the adjudicatory proceeding regarding the investigation into the designation of a nontransmission alternatives coordinator, Docket No. 2016-00049, and report the outcome of that proceeding to the Joint Standing Committee on Energy, Utilities and Technology by January 1, 2018.

See title page for effective date.

CHAPTER 202

H.P. 761 - L.D. 1083

An Act To Increase the Penalties for Hunting Deer over Bait

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

Sec. 1. 12 MRSA §10902, sub-§7-C is enacted to read:

7-C. Hunting deer over bait. A hunting license of a person convicted of placing or hunting over bait in violation of section 11452, subsection 1 must be revoked, and that person is ineligible to obtain a hunting license as follows:

A. For a first offense, for a period of one year from the date of conviction; and

B. For a 2nd offense, the person is permanently ineligible to obtain a hunting license.

See title page for effective date.

CHAPTER 203

S.P. 366 - L.D. 1112

An Act Regarding the Maternal and Infant Death Review Panel

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

Sec. 1. 22 MRSA §261, as amended by PL 2009, c. 531, §1, is further amended to read:

§261. Maternal, fetal and infant mortality review panel

The department shall establish the maternal, fetal and infant death mortality review panel in accordance with this section.

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

A. "Center" means the Maine Center for Disease Control and Prevention.

B. "Deceased person" means a woman who died during pregnancy or within 42 days of giving birth or a child who died within + one year of birth.

C. "Director" means the medical director of the center.

C-1. "Family" means a woman who has experienced a fetal death or the parent or parents or

other authorized representative of a deceased person.

D. "Panel" means the maternal, fetal and infant ~~death~~ mortality review panel established under this section.

E. "Panel coordinator" means an employee of the center who is appointed by the director or a person designated by the panel coordinator. The panel coordinator must be a licensed physician or registered nurse or other health care professional licensed or registered in this State.

2. Membership; meetings. The panel consists of health care and social service providers, public health officials, law enforcement officers and other persons with professional expertise on maternal and infant health and mortality. The director shall appoint the members of the panel, who serve at the pleasure of the director. The director shall appoint an employee of the center to serve as panel coordinator. The panel shall meet at least twice per year.

3. Contact with family. The first contact pursuant to this section with the family may not occur prior to 4 months after the death and must:

A. Be by letter from the State Health Officer on letterhead of the center; and

B. Include an invitation to participate in a review of the death of the deceased person or the fetal death from a statewide organization dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality.

4. Duties and powers of panel coordinator. The panel coordinator has the following duties and powers.

A. The panel coordinator shall review the deaths of all women during pregnancy or within 42 days of giving birth, the majority of cases in which a fetal death occurs after 28 weeks of gestation and the majority of deaths of infants under ~~4~~ one year of age, with selection of cases of infant death based on the need to review particular causes of death or the need to obtain a representative sample of all deaths.

A-1. The panel coordinator may have access to the death certificates of deceased persons and to fetal death certificates of fetal deaths occurring after 28 weeks of gestation.

~~B. Prior to accessing medical records, the panel coordinator shall obtain permission in all cases for access to those records from the family.~~

B-1. The panel coordinator may have access to health care information of a deceased person and a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation, pursuant to section 1711-C, subsection 6,

paragraph U. For purposes of this paragraph, "health care information" has the same meaning as in section 1711-C, subsection 1, paragraph E.

C. Prior to conducting a voluntary interview, the panel coordinator shall obtain permission in all cases for the interview from the family.

D. The panel coordinator may conduct voluntary interviews with the family. The purpose of the voluntary interview is limited to gathering information or data for the purposes of the panel in summary or abstract form without family names or patient identifiers. A person who conducts interviews under this paragraph must meet the qualifications for panel coordinator and also have professional experience or training in bereavement services. A person conducting an interview under this paragraph may make a referral for bereavement counseling.

E. The panel coordinator shall prepare a summary or abstract of relevant information regarding the case, as determined to be useful to the panel, but without the name or identifier of the deceased person or the woman who experienced a fetal death, and shall present the summary or abstract to the panel.

5. Duties and powers of panel. The panel has the following duties and powers.

A. The panel shall conduct comprehensive multidisciplinary reviews of data presented by the panel coordinator.

B. The panel shall present an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must identify factors contributing to maternal, fetal and infant ~~death~~ mortality in the State, determine the strengths and weaknesses of the current maternal and infant health care delivery system and make recommendations to the department to decrease the rate of maternal, fetal and infant ~~death~~ mortality.

The panel shall offer a copy of the annual report to the person or persons that granted permission to the panel coordinator for a voluntary interview under subsection 4, paragraph C.

C. The panel shall share the results of its data reviews and recommendations with the child death and serious injury review panel established pursuant to section 4004, subsection 1, paragraph E. The maternal, fetal and infant ~~death~~ mortality review panel may request and review data from the child death and serious injury review panel, regardless of any prior work by the child death and serious injury review panel.

6. Limitations. The panel coordinator may not proceed with ~~reviews of medical records or~~ voluntary interviews without the permission of the family. The panel coordinator may not photocopy or retain copies of medical records or review cases of abortion. In performing work under this section, the panel coordinator shall minimize the burden imposed on health care practitioners, hospitals and facilities.

7. Confidentiality. All records created or maintained pursuant to this section, other than reports provided under subsection 5, paragraph B, are protected as provided in this subsection. The records are confidential under section 42, subsection 5. The records are not open to public inspection, are not public records for the purposes of Title 1, chapter 13, subchapter 1 and are not subject to subpoena or civil process nor admissible in evidence in connection with any judicial, executive, legislative or other proceeding.

8. Immunity. A health care practitioner, hospital or health care facility or the employee or agent of that person or entity is not subject to civil or criminal liability arising from the disclosure or furnishing of records or information to the panel pursuant to this section.

9. Funding. The department may accept any public or private funds to carry out the purposes of this section.

10. Rulemaking. The department shall adopt rules to implement this section, including rules on collecting information and data, selecting members of the panel, collecting and using individually identifiable health information and conducting reviews under this section. The rules must ensure that access to individually identifiable health information is restricted as much as possible while enabling the panel to accomplish its work. The rules must establish a protocol to preserve confidentiality, specify the manner in which the family will be contacted for permission and maintain public confidence in the protection of individually identifiable information. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. 22 MRSA §1711-C, sub-§6, ¶S, as amended by PL 2015, c. 370, §4, is further amended to read:

S. To a member of the public who asks a health care facility about an individual by name, of the room number of the individual and brief confirmation of general health status unless expressly prohibited by the individual or a person acting pursuant to subsection 3-B; ~~and~~

Sec. 3. 22 MRSA §1711-C, sub-§6, ¶T, as enacted by PL 2015, c. 370, §5, is amended to read:

T. To a lay caregiver designated by an individual pursuant to section 1711-G; ~~and~~

Sec. 4. 22 MRSA §1711-C, sub-§6, ¶U is enacted to read:

U. To a panel coordinator of the maternal, fetal and infant mortality review panel pursuant to section 261, subsection 4, paragraph B-1 for the purposes of reviewing health care information of a deceased person and a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation. For purposes of this paragraph, "panel coordinator" has the same meaning as in section 261, subsection 1, paragraph E and "deceased person" has the same meaning as in section 261, subsection 1, paragraph B.

See title page for effective date.

CHAPTER 204

S.P. 518 - L.D. 1489

An Act To Authorize the Revocation, Suspension or Denial of a Guide License under Specified Circumstances

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

Sec. 1. 12 MRSA §10908, sub-§1, as enacted by PL 2003, c. 414, Pt. A, §2 and affected by c. 614, §9, is amended to read:

1. Conditions for revocation, suspension, denial. The commissioner may suspend or revoke a guide license pursuant to this subchapter and Title 5, section 10004. The commissioner may revoke, suspend, refuse to issue or refuse to renew a guide license or the District Court may revoke or suspend a guide license:

A. If the guide fails to meet the standards of competency established pursuant to section 12851;

B. If the guide fails to meet the qualifications for a guide license, including, but not limited to, failure to pass a reexamination conducted pursuant to section 12855, subsection 4; ~~or~~

C. If the guide is found to be incompetent, negligent or neglectful in the conduct of guiding activities, including, but not limited to, entering into a contractual agreement with a client to provide services and then failing, without just cause, to provide the services as agreed; ~~or~~

D. If the guide or an applicant for a guide license has been convicted of committing a crime in the State or any other jurisdiction that is punishable by imprisonment for a term of one year or more or