

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

SECOND SPECIAL SESSION
June 19, 2018 to September 13, 2018

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 13, 2018

ONE HUNDRED AND TWENTY-NINTH LEGISLATURE

FIRST REGULAR SESSION
December 5, 2018 to June 20, 2019

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 19, 2019

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

Augusta, Maine
2019

school or an equivalent instruction alternative as provided for in this paragraph. The receiving school shall determine the placement of the student. At the secondary level, the principal of the receiving school shall determine the value of the prior educational experience toward meeting the standards of the system of learning results as established in section 6209.

B. A person may be excused from attendance at a public day school pursuant to section 5104-A or section 8605.

Sec. 6. 20-A MRSA §5051-A, sub-§1, ¶B, as amended by PL 2007, c. 304, §5, is further amended to read:

B. Has completed grade 6 and has the equivalent of 10 full days of unexcused absences or 7 consecutive school days of unexcused absences during a school year; or

Sec. 7. 20-A MRSA §5051-A, sub-§1, ¶C, as enacted by PL 2007, c. 304, §5, is amended to read:

C. Is at least 7 years of age and has not completed grade 6 and has the equivalent of 7 full days of unexcused absences or 5 consecutive school days of unexcused absences during a school year; or

Sec. 8. 20-A MRSA §5051-A, sub-§1, ¶D is enacted to read:

D. Is enrolled in a public day school, is at least 5 years of age and has not completed grade 6 and has the equivalent of 7 full days of unexcused absences or 5 consecutive school days of unexcused absences during a school year.

See title page for effective date.

**CHAPTER 236
S.P. 159 - L.D. 494**

**An Act To Update the Family
Planning Statutes**

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

Sec. 1. 22 MRSA §1823, as amended by PL 2017, c. 407, Pt. A, §73, is further amended to read:

§1823. Treatment of minors

Any hospital licensed under this chapter or alcohol or drug treatment facility licensed pursuant to section 7801 that provides facilities to a minor in connection with the prevention of a sexually transmitted infection or the treatment of that minor for venereal disease a sexually transmitted infection or treatment of

that minor for substance use or for the collection of sexual assault evidence through a sexual assault forensic examination is under no obligation to obtain the consent of that minor's parent or guardian or to inform that parent or guardian of the provision of such facilities so long as such facilities have been provided at the direction of the person or persons referred to in Title 32, sections 2595, 3292, 3817, 6221 or 7004. The hospital shall notify and obtain the consent of that minor's parent or guardian if that hospitalization continues for more than 16 hours.

Sec. 2. 22 MRSA §1901, as enacted by PL 1973, c. 624, §1, is amended to read:

§1901. Legislative intent

The Legislature finds that family planning services are not sufficiently available as a practical matter to many persons in this State; ~~that unwanted conception~~ pregnancy may place severe medical, emotional, social and economic burdens on the family unit and that it is desirable that inhibitions and restrictions to the delivery of family planning services be reduced so that all persons desiring and needing such services ~~shall~~ have ready and practicable access thereto to the services in appropriate settings sensitive to ~~their persons'~~ persons' needs and beliefs. The Legislature therefore declares that it is consistent with public policy to make available comprehensive medical knowledge, assistance and services relating to family planning.

Sec. 3. 22 MRSA §1902, as amended by PL 2001, c. 654, §1, is further amended to read:

§1902. Definitions

As used in this chapter, unless the context otherwise indicates, the following ~~words shall~~ terms have the following meanings.

1. Contraceptive procedures. "Contraceptive procedures" means any medically accepted procedure to prevent ~~conception~~ pregnancy when performed by or under the direction of a physician health care practitioner on a requesting and consenting patient.

1-A. Comprehensive family life education. "Comprehensive family life education" means education in kindergarten to grade 12 regarding human development and sexuality, including education on family planning and sexually transmitted diseases, that is medically accurate and age appropriate; that respects community values and encourages parental communication; that develops skills in communication, decision making and conflict resolution; that contributes to healthy relationships; that promotes responsible sexual behavior with an emphasis on abstinence; that addresses the use of contraception; that promotes individual responsibility and involvement regarding sexuality; and that teaches skills for responsible decision making regarding sexuality.

2. Contraceptive supplies. "Contraceptive supplies" means those medically approved drugs, prescriptions, rhythm charts, devices and other items designed to prevent ~~conception~~ pregnancy through chemical, mechanical, behavioral or other means.

3. Family planning. "Family planning" means informed and voluntary self-determination of desired family size and of the timing of child bearing based upon comprehensive knowledge of factors pertinent to this determination.

4. Family planning services. "Family planning services" means ~~counseling with trained personnel regarding family planning, contraceptive procedures and the treatment of infertility; distribution of literature relating to family planning, contraceptive procedures and the treatment of infertility; referral of patients to physicians or health agencies for consultation, examination, tests, medical treatment and prescription for the purposes of family planning, contraceptive procedures and treatment of infertility and provision of contraceptive procedures and contraceptive supplies by those qualified to do so under the laws of this State~~ medically safe and effective sexual and reproductive health care and education that enable persons to freely plan their children, avoid unintended pregnancy and maintain reproductive and sexual health through the provision of contraceptive supplies, contraceptive procedures and related counseling; the prevention and treatment of infertility; appropriate prenatal and obstetric care; the prevention or treatment of sexually transmitted infections; and other services necessary for reproductive and sexual health.

5. Physician. "Physician" means any doctor of medicine or doctor of osteopathy duly licensed to practice his profession in this State.

5-A. Health care practitioner. "Health care practitioner" means an individual who is licensed, certified or otherwise authorized under the laws of the State to provide health care services.

6. Person. "Person" means any person regardless of sex, race, sexual orientation, gender identity, number of children, marital status, motive and citizenship.

Sec. 4. 22 MRSA §1903, as amended by PL 1981, c. 470, Pt. A, §73, is further amended to read:

§1903. Authority and policy

It ~~shall be~~ is the policy and authority of this State that:

1. Availability. Family planning services ~~shall~~ must be readily and practicably available to all persons desiring and needing such services;

2. Consistent with public policy. The delivery of family planning services by duly authorized persons in all agencies and instrumentalities of this State is consistent with public policy;

3. Refusal. Nothing in this chapter ~~shall inhibit~~ inhibits a physician health care practitioner from refusing to furnish family planning services when the refusal is for medical reasons; ~~and~~

4. Objections. ~~No~~ A private institution or ~~physi-~~ cian health care practitioner or ~~no~~ agent or employee of such institution or ~~physician~~ health care practitioner ~~shall~~ may not be prohibited from refusing to provide family planning services when such refusal is based upon religious or conscientious objection; ~~and~~

5. Scope of practice. Nothing in this chapter changes the scope of practice of a health care practitioner.

Sec. 5. 22 MRSA §1904, as enacted by PL 1973, c. 624, §1 and amended by PL 2003, c. 689, Pt. B, §§6 and 7, is repealed and the following enacted in its place:

§1904. Rules

The commissioner is authorized and directed to adopt rules and establish programs to enable the department, either directly or under contractual arrangements with other organizations, to promptly implement this chapter.

Sec. 6. 22 MRSA §1905, as enacted by PL 1973, c. 624, §1 and amended by PL 1975, c. 293, §4 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

§1905. Funds

~~The Department of Health and Human Services~~ department is authorized to receive and disburse such funds as may be available to it for family planning services to any nonprofit organization, public or private, engaged in providing such services. Family planning programs administered by the ~~Department of Health and Human Services~~ department may be developed in consultation, in coordination or on a contractual basis, with other family planning agencies in this State, including, but not limited to, the Family Planning Association of Maine, Inc., and its affiliates.

Sec. 7. 22 MRSA §1906, as enacted by PL 1973, c. 624, §1 and amended by PL 1975, c. 293, §4 and PL 2003, c. 689, Pt. B, §§6 and 7, is repealed and the following enacted in its place:

§1906. Availability

To the extent family planning funds are available, the department shall provide family planning services to medically indigent persons eligible for such services as determined by rules adopted by the commissioner. Family planning services must also be available to all others who are unable to reasonably obtain these services privately, at a reasonable cost to be determined by the rules adopted by the commissioner. Any funds so collected must be retained by the department for the support of these services.

Sec. 8. 22 MRSA §1907, as enacted by PL 1973, c. 624, §1, is amended to read:

§1907. Refusal

The refusal of any person to accept family planning services ~~shall~~ does not affect the right of ~~such that~~ such person to receive public assistance or public health services or to ~~avail himself of access~~ access any other public benefit. The employees of agencies engaged in the administration of this chapter shall recognize that the right to make decisions concerning family planning is a fundamental personal right of the individual, and nothing in this chapter ~~shall~~ shall in any way ~~abridge~~ abridges such right nor ~~shall~~ may any individual be required to receive family planning services or to state ~~his~~ his reasons for refusing the offer of family planning services.

Sec. 9. 22 MRSA §1908, as enacted by PL 1973, c. 624, §1, is repealed and the following enacted in its place:

§1908. Minors

Notwithstanding section 1503, family planning services may be furnished to any minor by a health care practitioner. The health care practitioner is under no obligation to obtain the consent of the minor's parent or guardian or to inform the parent or guardian of the prevention or treatment under this section. Nothing in this section may be construed to prohibit the health care practitioner rendering the prevention services or treatment from informing the parent or guardian.

Sec. 10. 32 MRSA §2595, as amended by PL 1999, c. 90, §3, is further amended to read:

§2595. Treatment of minors

An individual licensed under this chapter who renders medical care to a minor for the prevention or treatment of venereal disease a sexually transmitted infection or abuse of drugs or alcohol treatment of substance use or for the collection of sexual assault evidence through a sexual assault forensic examination is under no obligation to obtain the consent of the minor's parent or guardian or to inform the parent or guardian of the prevention or treatment or collection. Nothing in this section may be construed so as to prohibit the licensed individual rendering the prevention services or treatment or collection from informing the parent or guardian. For purposes of this section, ~~"abuse of drugs substance use"~~ "substance use" means the use of drugs or alcohol solely to induce a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and not as a therapeutic agent recommended by a practitioner in the course of medical treatment.

Sec. 11. 32 MRSA §3292, as amended by PL 2017, c. 407, Pt. A, §128, is further amended to read:

§3292. Treatment of minors

An individual licensed under this chapter who renders medical care to a minor for the prevention or treatment of venereal disease a sexually transmitted infection or treatment of substance use or for the collection of sexual assault evidence through a sexual assault forensic examination is under no obligation to obtain the consent of the minor's parent or guardian or to inform the parent or guardian of the prevention or treatment or collection. This section may not be construed to prohibit the licensed individual rendering the prevention services or treatment or collection from informing the parent or guardian. For purposes of this section, "substance use" means the use of drugs or alcohol solely for their stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and not as a therapeutic agent recommended by a practitioner in the course of medical treatment.

See title page for effective date.

CHAPTER 237

S.P. 322 - L.D. 1090

**An Act To Update the
Criminal Animal Welfare
Laws**

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

Sec. 1. 17 MRSA §1021, sub-§3, as amended by PL 2007, c. 702, §42, is further amended to read:

3. Full hearing. A full hearing must be held within 31 days of application for authorization under subsection 1. The court shall take notice that the evidence in a matter under this subsection is a living animal requiring proper care and nourishment and shall advance the matter on the docket and give the matter priority over other cases when the court determines that the interests of justice so require. In the event of a postponement of the original hearing date, the court shall reschedule the matter for full hearing no more than 14 days later than the original hearing date. It is the owner's responsibility at the hearing to show cause why the animal should not be seized permanently or disposed of humanely. If it appears at the hearing that the animal has been ~~cruelly~~ cruelly abandoned or cruelly treated by its owner or the animal is maimed, disabled, diseased, dehydrated, malnourished or injured, the court shall:

A. ~~Direct~~ Declare the animal forfeited and direct the applicant or other suitable person to take possession of and provide for the animal, or order its sale, adoption or placement;