

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTIETH LEGISLATURE

SECOND SPECIAL SESSION
September 29, 2021

SECOND REGULAR SESSION
January 5, 2022 to May 9, 2022

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 29, 2021

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
AUGUST 8, 2022

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

Augusta, Maine
2022

titling program, as defined in the Maine Revised Statutes, Title 29-A, section 602, subsection 4-A, and conduct a review of any relevant provisions of law that may need to be updated in order to properly implement such a program. No later than January 1, 2023, the Secretary of State shall submit a report summarizing the findings of the review to the joint standing committee of the Legislature having jurisdiction over transportation matters. The joint standing committee of the Legislature having jurisdiction over transportation matters may introduce legislation for presentation to the First Regular Session of the 131st Legislature based on the findings in that report.

See title page for effective date.

CHAPTER 540

H.P. 1369 - L.D. 1848

An Act To Increase the Availability of Assertive Community Treatment Services

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

Sec. 1. 34-B MRSA §3801, sub-§7-C is enacted to read:

7-C. Prescriber. "Prescriber" means a licensed health care provider with authority to prescribe, including a licensed physician, certified nurse practitioner or licensed physician assistant who has training or experience in psychopharmacology.

Sec. 2. 34-B MRSA §3801, sub-§11, as amended by PL 2017, c. 407, Pt. A, §159, is further amended to read:

11. Assertive community treatment. "Assertive community treatment" or "ACT" means a self-contained service with a fixed point of responsibility for providing treatment, rehabilitation and support services to persons with mental illness for whom other community-based treatment approaches have been unsuccessful. Assertive community treatment uses clinical and rehabilitative staff to address symptom stability; relapse prevention; maintenance of safe, affordable housing in normative settings that promote well-being; establishment of natural support networks to combat isolation and withdrawal; the minimizing of involvement with the criminal justice system; individual recovery education; and services to enable the person to function at a work site. Assertive community treatment is provided by multidisciplinary teams who are on duty 24 hours per day, 7 days per week; teams must include a ~~psychiatrist~~ prescriber, registered nurse or licensed practical nurse, certified rehabilitation counselor or certified employment specialist, a peer recovery specialist and a substance use disorder counselor and may include

an occupational therapist, community-based mental health rehabilitation technician, psychologist, licensed clinical social worker or licensed clinical professional counselor. An ACT team member who is a state employee is, while in good faith performing a function as a member of an ACT team, performing a discretionary function within the meaning of Title 14, section 8104-B, subsection 3.

See title page for effective date.

CHAPTER 541

H.P. 1370 - L.D. 1849

An Act To Clarify Inspection Requirements for Hospitals and Certain Nursing Facilities

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

Sec. 1. 22 MRSA §1816, as amended by PL 2021, c. 398, Pt. MM, §1, is repealed and the following enacted in its place:

§1816. Inspections

1. Inspection requirements. Every building, institution or establishment for which a license has been issued must be periodically inspected by duly appointed representatives of the division of licensing and certification under the rules adopted by the department. An institution licensed pursuant to this chapter may not be required to be licensed or inspected under the laws of this State relating to hotels, restaurants, lodging houses, boardinghouses and places of refreshments. A full license may not be issued until the applicant has furnished the department with a written statement signed by the Commissioner of Public Safety or the proper municipal official designated in Title 25, chapters 313 to 321 to make fire safety inspections that the home and premises comply with Title 25, chapters 313 to 321 relating to fire safety. The department shall establish and pay reasonable fees to the municipal official or the Commissioner of Public Safety for each such inspection. This written statement must be furnished prior to the issuance of full licensure.

2. Accredited hospitals. A hospital licensed under this chapter is exempt from department inspection requirements under this chapter if:

A. The hospital is certified by the Centers for Medicare and Medicaid Services for participation in the federal Medicare program and holds full accreditation status by a health care facility accrediting organization recognized by the Centers for Medicare and Medicaid Services; and

B. The hospital provides, to the department, a copy of the survey findings of the health care facility accrediting organization described in paragraph A.

including a statement of deficiencies, and the hospital's final plan of correction for any identified deficiencies that is accepted by the health care facility accrediting organization. Survey findings, a statement of deficiencies and the hospital's final plan of correction provided pursuant to this subsection are confidential.

3. Nonaccredited hospitals. If a hospital is certified to participate in the federal Medicare program and is not accredited by a health care facility accrediting organization recognized by the Centers for Medicare and Medicaid Services, the department shall inspect the hospital every 3 years for compliance with the Centers for Medicare and Medicaid Services' conditions of participation.

4. Hospitals not exempt. The provisions of subsections 2 and 3 do not exempt a hospital from an inspection by the department in response to a complaint or suspected violation of this chapter or of the Centers for Medicare and Medicaid Services' conditions of participation or an inspection by another state agency or municipality for building code, fire code, life safety code or other purposes unrelated to health care facility licensing or accreditation.

For purposes of this section, "Centers for Medicare and Medicaid Services" means the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services.

See title page for effective date.

CHAPTER 542

H.P. 1380 - L.D. 1870

An Act Regarding the Maine School Safety Center

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

Sec. 1. 20-A MRSA §6557, as enacted by PL 2021, c. 398, Pt. HH, §1 and reallocated by RR 2021, c. 1, Pt. A, §19, is amended to read:

§6557. Maine School Safety Center

The Maine School Safety Center, referred to in this section as "the center," is established within the department to ~~ensure~~ assist schools in their efforts to provide for the overall safety of ~~schools in this State~~ their school community. The primary role of the center is to provide training, guidance and technical support to schools in this State regarding ~~safety and security~~ their efforts to safely mitigate against, prepare for, respond to and recover from all hazards and threats.

1. Purposes. The purposes of the center are to:

A. Serve as a central location for school safety and security information, training and technical assistance related to successful implementation of school safety and security programs in schools;

B. Be a resource for the prevention of youth violence;

C. Promote overall school safety by developing recommendations to support a positive school climate and multiple-hazard mitigation and response plans;

D. Develop and provide school emergency management, training, guidance and technical support to include information provided by persons with expertise in the relevant subject matter in the development of the center's school safety specialist education program;

E. Promote, develop and implement technical support and training for a behavioral threat assessment program;

F. Facilitate and assist local schools and public safety stakeholders in preventing, preparing for and responding to threats and acts of violence, including self-harm, through a holistic, solution-based approach to improving school safety; and

G. Advise and make recommendations to the department on policies and legislation related to the overall safety of schools and school communities.

2. Collaboration. The center shall work collaboratively with all appropriate stakeholders in furtherance of its purposes as set out in subsection 1.

3. Services to schools. The center is responsible for providing the following services to schools in the State:

A. Training, including school safety specialist training and credentialing in a school emergency management education program;

B. Mental health and behavioral threat assessment;

C. Site assessment and school climate assessment;

D. Planning and emergency operation plan review and exercises;

E. Training, procedures and best practices for school resource officers and officers that may have interactions with youth;

F. Best practices and policy recommendations and review;

G. Administrative assistance;

H. Restorative justice assistance and assistance regarding alternatives to traditional discipline; and

I. Contracted school safety services.

See title page for effective date.
