

LAWS

OF THE

STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-FIRST LEGISLATURE

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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 2023

PUBLIC LAW, C. 132

Sec. 1. 29-A MRSA §2054, sub-§2, ¶F, as amended by PL 2021, c. 113, §1, is further amended by amending subparagraph (2) to read:

(2) The municipal officers or a municipal official designated by the municipal officers, with the approval of the fire chief, may authorize an active member of a municipal or volunteer fire department to use one red or combination red and white flashing auxiliary light mounted in the windshield or on the dashboard at the front of the vehicle or 2 flashing red or combination red and white auxiliary lights mounted on the front of the vehicle above the front bumper and below the hood and one red auxiliary light mounted in the rear window area. In addition to the lights authorized under this subparagraph, the municipal officers or municipal official designated by the municipal officers, with the approval of the fire chief, may authorize an active member of a municipal or volunteer fire department to use one red light bar no more than 8 no more than 12 inches in length on the roof of the vehicle so that the light is visible to approaching traffic from the front and the rear of the vehicle. The light or lights may be displayed but may be used only while the member is en route to or at the scene of a fire or other emergency. A light mounted on the dashboard or in the windshield must be shielded so that the emitted light does not interfere with the operator's vision. The use of lights may be revoked at any time by the fire chief.

See title page for effective date.

CHAPTER 132

S.P. 563 - L.D. 1396

An Act to Clarify the Laws Regarding Delegating Authority for Services Performed by Emergency Medical Services Personnel or Others as a Medical Assistant

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

Sec. 1. 32 MRSA §85, sub-§7, as amended by PL 2021, c. 587, §1, is further amended to read:

7. Delegation. This chapter may not be construed to prohibit a person licensed as an emergency medical services person from rendering medical services in a hospital or other health care facility setting if those services are:

A. Rendered in the person's capacity as an employee of the hospital or health care facility;

B. Authorized by the hospital or health care facility; and

C. Delegated in accordance with section 2594-A or, section 2594-E, subsection 4, section 3270-A or section 3270-E, subsection 4.

Unless otherwise provided by law, an emergency medical services person licensed under this chapter may not simultaneously act as a licensee under this chapter and an assistant performing medical services delegated by a physician in accordance with section 2594-A or section 3270-A or by a physician assistant in accordance with section 2594-E, subsection 4 or section 3270-E, subsection 4.

Sec. 2. 32 MRSA §2594-A, first ¶, as amended by PL 2019, c. 627, Pt. B, §11, is further amended to read:

This chapter may not be construed as prohibiting a physician from delegating to the physician's employees or support staff certain activities relating to medical care and treatment carried out by custom and usage when these activities are under the direct control of the physician; the activities being delegated do not, unless otherwise provided by law, require a license, registration or certification to perform; the physician ensures that the employees or support staff have the appropriate training, education and experience to perform these delegated activities; and the physician ensures that the employees or support staff perform these delegated activities competently and safely. The physician delegating these activities to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent. Nothing contained in this section may be construed to apply to registered nurses acting pursuant to chapter 31 and licensed physician assistants acting pursuant to this chapter or chapter 48.

Sec. 3. 32 MRSA §2594-E, sub-§4, as amended by PL 2019, c. 627, Pt. B, §12, is further amended to read:

4. Delegation by physician assistant. A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant; the activities being delegated do not, unless otherwise provided by law, require a license, registration or certification to perform; the physician assistant ensures that the employees or support staff or members of a health care team have the appropriate training, education and experience to perform these delegated activities; and the physician assistant ensures that the employees or support staff perform these delegated activities competently and safely. The

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physician assistant who delegates an activity permitted under this subsection is legally liable for the activity performed by an employee, a medical assistant, support staff or a member of a health care team.

Sec. 4. 32 MRSA §3270-A, first \P , as amended by PL 2019, c. 627, Pt. B, §15, is further amended to read:

This chapter may not be construed as prohibiting a physician or surgeon from delegating to the physician's or surgeon's employees or support staff certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician or surgeon; the activities being delegated do not, unless otherwise provided by law, require a license, registration or certification to perform; the physician or surgeon ensures that the employees or support staff have the appropriate training, education and experience to perform these delegated activities; and the physician or surgeon ensures that the employees or support staff perform these delegated activities competently and safely. The physician delegating these activities to employees or support staff, to program graduates or to participants in an approved training program is legally liable for the activities of those individuals, and any individual in this relationship is considered the physician's agent. This section may not be construed to apply to registered nurses acting pursuant to chapter 31 and licensed physician assistants acting pursuant to this chapter and chapter 36.

Sec. 5. 32 MRSA §3270-E, sub-§4, as amended by PL 2019, c. 627, Pt. B, §16, is further amended to read:

4. Delegation by physician assistant. A physician assistant may delegate to the physician assistant's employees or support staff or members of a health care team, including medical assistants, certain activities relating to medical care and treatment carried out by custom and usage when the activities are under the control of the physician assistant; the activities being delegated do not, unless otherwise provided by law, require a license, registration or certification to perform; the physician assistant ensures that the employees or support staff or members of a health care team have the appropriate training, education and experience to perform these delegated activities; and the physician assistant ensures that the employees or support staff perform these delegated activities competently and safely. The physician assistant who delegates an activity permitted under this subsection is legally liable for the activity performed by an employee, a medical assistant, support staff or a member of a health care team.

See title page for effective date.

CHAPTER 133

H.P. 51 - L.D. 81

An Act to Address Recovery Residence Participation in the Municipal General Assistance Program

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, housing security is vital for those in recovery from substance use disorder; and

Whereas, Public Law 2021, chapter 472 ensured access to general assistance benefits for rental payments by prohibiting municipalities from denying an eligible applicant housing assistance for the sole reason that the applicant resides in a recovery residence; and

Whereas, the law lacks clarity regarding who is eligible to receive payments for recovery residence housing assistance from municipal general assistance administrators; and

Whereas, this lack of clarity has resulted in delayed payments, threatening the housing security of individuals in recovery and causing confusion for recovery residence operating managers and property owners; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

Sec. 1. 22 MRSA §4301, sub-§8-B is enacted to read:

8-B. Landlord. "Landlord" means a person who owns a property and allows another person to use that property in return for payment.

Sec. 2. 22 MRSA §4301, sub-§11-A is enacted to read:

11-A. Operator. "Operator" means the lawful owner of a recovery residence or an individual or company designated by the lawful owner to have primary responsibility for the day-to-day operations of the recovery residence and for acquiring and maintaining certification pursuant to Title 5, section 20005, subsection 22 of the recovery residence in order to receive housing assistance payments through the general assistance program.

Sec. 3. 22 MRSA §4309, sub-§6, as enacted by PL 2021, c. 472, §3, is amended to read: