

MAINE STATE LEGISLATURE

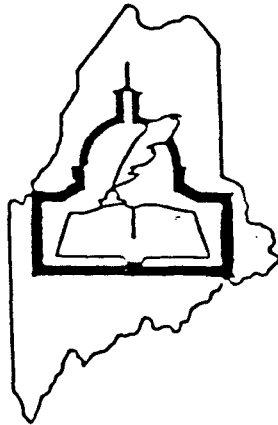
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STATE OF MAINE
ONE HUNDRED AND TWELFTH LEGISLATURE
FIRST REGULAR SESSION

JOINT STANDING COMMITTEE ON
HUMAN RESOURCES
BILL SUMMARY



JULY, 1985

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ONE HUNDRED AND TWELFTH LEGISLATURE
FIRST REGULAR SESSION

JOINT STANDING COMMITTEE
BILL SUMMARIES
JULY 1985

This document is a compilation of the bill summaries prepared by this office for the Joint Standing Committees of the Maine Legislature, covering the First Regular Session of the 112th Legislature. The summaries are arranged by LD number and indexed separately by committee.

LD:

1435

AN ACT TO ENCOURAGE EARLY IDENTIFICATION AND TREATMENT OF IMPAIRED PHYSICIANS

CHALMERS
MELENDY
GILL
BUSTIN
PUBLIC
CH # 185

HOUSE Enacted
SENATE Enacted
GOV UNSIGNED

SUMMARY:

The original bill (LD 784) was proposed to encourage early identification and treatment of physicians impaired by addiction to drugs or alcohol, or by physical or mental infirmity. It provided statutory protection to members of the public and professional colleagues who report disabled or impaired physicians to a committee organized for the express purpose of dealing with those physicians. The bill also authorized the Board of Registration in Medicine to develop appropriate protocols for the committee, including periodic reports to the board without personal identifying information. Records of the committee are confidential.

The bill also provided an exemption from reporting an impaired physician to the Board of Registration in Medicine, as required by the Maine Health Security Act, if such physician is reported to the impaired physician committee, or if the relevant information is obtained through a physician's work on that committee. The impaired physician committee would be required to report the impaired physician to the board in some instances, such instances to be identified in the board's protocols.

This new draft clarified the identity of the professional review committee established to carry out the purposes of the new draft, changed a reference from "habitual drunkenness" to "misuse of alcohol" and added language to insure that alternative forms of treatment are available for impaired physicians.

LD:

1436

AN ACT TO ALLOW THE DEPARTMENT OF HUMAN SERVICES TO INVESTIGATE AND PROVIDE INFORMATION ON COMMUNITY HEALTH ISSUES

ANDREWS
PRAY
CARROLL
JACQUES
PUBLIC
CH #494

OTP HOUSE Enacted
SENATE Enacted
GOV Signed

H-393 HA CARROLL H S
S-266 SA ANDREWS
S-283 SB WEBSTER C H S

SUMMARY:

This Act establishes a procedure for providing information to citizens on the hazardous materials that may be in use in their communities. The proposal utilizes existing information collection mechanisms and imposes no new

reporting burdens on the State's businesses. Legitimate trade secrets are still protected as they are under existing law. The community health information project will be coordinated by the Environmental Health Program in the Department of Human Services.

The Act also requires a study to be conducted jointly by the Bureau of Civil Emergency Preparedness, the Department of Environmental Protection and the Bureau of Health to evaluate the State's ability to respond quickly, effectively and in a coordinated manner to accidental releases of hazardous materials.

House amendment (H-393) corrected a reference to the Maine State Council of Uniform Firefighters and added an appropriation and fiscal note to the bill.

Senate amendment "A" (S-266) would have made the same correction to the reference to the Maine State Council of Uniform Firefighters.

Senate amendment "B" (S-283) limited requests from municipalities and individuals to those concerning sites within a 50-mile radius.

LD:	1453	AN ACT TO EXEMPT FROM HOME HEALTH LICENSURE	MANNING
	EMERGENCY	MUNICIPAL ENTITIES THAT PROVIDE ONLY	NELSON
		NONTHERAPEUTIC PREVENTIVE AND PROMOTIONAL	
		HEALTH EDUCATIONAL SERVICES	
		HOUSE Emerg. Enacted	PUBLIC
		SENATE Emerg. Enacted	CH # 189
		GOV EMER SIGNED	

SUMMARY:

As part of their authority and responsibility to promote and protect the general welfare, health and public safety, municipalities have traditionally employed public health nurses to provide nontherapeutic health prevention and promotional health educational services in the home. These services are comparable to, and generally in lieu of, similar services provided by the Division of Public Health Nursing.

The health needs of these clients are not in the injury or illness category and are not reimbursable by 3rd-party insurers. Most clients are low-income mothers and children and are at risk for child abuse and other health problems. Due to the critical need for continuation of these services by providers other than the State, it is the purpose of this new draft to exempt municipal agencies from the licensing requirements for home health care agencies, which do provide acute health services.