

MAINE STATE LEGISLATURE

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*State Of Maine
122nd Legislature*

*First Regular Session and
First Special Session*

Bill Summaries

*Joint Standing Committee
on
Health and Human Services*

August 2005

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Maine State Legislature

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122nd Legislature
First Regular Session and First Special Session

Summary of Legislation Considered by the Joint Standing Committees
August 2005

Enclosed please find a summary of all bills, resolves, joint study orders, joint resolutions and Constitutional resolutions that were considered by the joint standing select committees of the Maine Legislature this past session. The document is a compilation of bill summaries which describe each bill and relevant amendments, as well as the final action taken. Also included are statistical summaries of bill activity this session for the Legislature and each of its joint standing committees.

The document is organized for convenient reference to information on bills considered by the committees. It is organized by committees and within committees by bill (LD) number. The committee report(s), prime sponsor for each bill and the lead co-sponsor(s), if designated, are listed below each bill title. All adopted amendments are listed by paper number. A subject index for each committee is included immediately before the bill summaries for that committee, and a numerical index by LD number is included at the back of the document. A separate publication, History and Final Disposition of Legislative Documents, may also be helpful in providing information on the disposition of bills. These bill summaries also are available at the Law and Legislative Reference Library and on the Internet (www.state.me.us/legis/opla).

Final action on each bill is noted to the right of the bill title. The abbreviations used for various categories of final action are as follows:

- CARRIED OVER Bill Carried Over to Second Regular Session
CON RES XXX..... Chapter # of Constitutional Resolution passed by both Houses
CONF CMTE UNABLE TO AGREE..... Committee of Conference unable to agree; bill died
DIED BETWEEN BODIES..... House & Senate disagree; bill died
DIED IN CONCURRENCE..... One body accepts ONTP report; the other indefinitely postpones the bill
DIED ON ADJOURNMENT..... Action incomplete when session ended; bill died
EMERGENCY..... Enacted law takes effect sooner than 90 days
FAILED EMERGENCY ENACTMENT/FINAL PASSAGE..... Emergency bill failed to get 2/3 vote
FAILED ENACTMENT/FINAL PASSAGE..... Bill failed to get majority vote
FAILED MANDATE ENACTMENT..... Bill imposing local mandate failed to get 2/3 vote
NOT PROPERLY BEFORE THE BODY..... Ruled out of order by the presiding officers; bill died
INDEF PP..... Bill Indefinitely Postponed
ONTP..... Ought Not To Pass report accepted
OTP ND..... Committee report Ought To Pass In New Draft
OTP ND/NT..... Committee report Ought To Pass In New Draft/New Title
P&S XXX..... Chapter # of enacted Private & Special Law
PUBLIC XXX..... Chapter # of enacted Public Law
RESOLVE XXX..... Chapter # of finally passed Resolve
UNSIGNED..... Bill held by Governor
VETO SUSTAINED..... Legislature failed to override Governor's Veto

Please note the effective date for all non-emergency legislation enacted in the First Regular Session (unless otherwise specified in a particular law) is June 29, 2005; and for non-emergency legislation enacted in the First Special Session is September 17, 2005.

Joint Standing Committee on Health and Human Services

LD 1568

An Act To Allow Nurse Practitioners To Sign Death Certificates

**PUBLIC 359
EMERGENCY**

<u>Sponsor(s)</u> PINKHAM		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> H-594
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LD 1568 proposed to authorize a certified nurse midwife or a nurse practitioner who is present at a death or after a death to sign a death certificate in the case of a fetal death. The bill proposed to authorize a nurse practitioner to sign a death certificate in the case of the death of a patient in the care of the nurse practitioner or in the case of the death of a patient whose recent medical condition is known to the nurse practitioner.

Enacted law summary

Public Law 2005, chapter 359 authorizes a certified nurse midwife or a nurse practitioner who is present at a death or after a death to sign a death certificate in the case of the death of a patient in the care of the nurse practitioner or in the case of the death of a patient whose recent medical condition is known to the nurse practitioner.

Public Law 2005, chapter 359 was enacted as an emergency measure effective June 9, 2005.

LD 1580

An Act To Enhance Maine's Medical Errors Reporting System

ONTP

<u>Sponsor(s)</u> TRAHAN SNOWE-MELLO		<u>Committee Report</u> ONTP		<u>Amendments Adopted</u>
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LD 1580 is a concept draft pursuant to Joint Rule 208. It proposed to enhance the system for reporting of medical errors by hospitals, ambulatory surgical centers and mental health hospitals.

LD 1601

**An Act To Prevent the Manufacturing of Methamphetamine in
Maine**

PUBLIC 430

<u>Sponsor(s)</u> EDMONDS RICHARDSON J		<u>Committee Report</u> OTP-AM		<u>Amendments Adopted</u> S-334
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LD 1601 proposed to place several restrictions on over-the-counter decongestant cold medicines that can be used in the toxic chemical process of making the illegal drug methamphetamine. The bill proposed to affect medicines in solid pill or dry form that contain ephedrine, pseudoephedrine or phenylpropanolamine because those products are commonly used to manufacture methamphetamine. The bill proposed to define those products as "targeted methamphetamine precursors."

The bill proposed to exempt medicines in liquid, gel cap or liquid-filled capsule form because those products are not commonly used to manufacture methamphetamine.

Joint Standing Committee on Health and Human Services

The bill proposed to restrict the sale of targeted methamphetamine precursors to blister packs containing less than 3 grams of the targeted active ingredients and allows no more than 3 packages to be sold in a single transaction. It proposed to require targeted methamphetamine precursors to be sold by a pharmacist or pharmacy technician and stored in a location that is locked or otherwise not accessible to the public. It proposed to authorize but does not require a pharmacy to request identification and log sales of these products.

The bill proposed to allow single-dose packages to continue to be sold at any store as long as they are close to and within sight of store staff.

The bill proposed to allow a pharmacist or pharmacy technician to refuse to make a suspicious sale of targeted methamphetamine precursors and to report the situation to a law enforcement agency. It proposed to confer immunity from civil liability on a pharmacist or technician who in good faith refuses to sell the drug or who makes a report to law enforcement.

The bill also proposed to designate more than 9 grams of a targeted methamphetamine precursor as a schedule Z illegal drug, but provides an affirmative defense if it is possessed for a legitimate medical purpose. The bill proposed to require the Department of Health and Human Services, Office of Substance Abuse to create a Maine Meth Watch Program, based on a national so-called "Meth Watch" program, which would help deter suspicious sales and theft of precursor-containing medicines and other products used in the illegal manufacturing of methamphetamine.

The bill proposed to authorize the Commissioner of Public Safety to adopt major substantive rules on further restrictions if the commissioner finds that certain circumstances pose a threat to the public health, safety and welfare.

Enacted law summary

Public Law 2005, chapter 430 places several restrictions on over-the-counter decongestant cold medicines that can be used in the toxic chemical process of making the illegal drug methamphetamine. It affects medicines in solid pill or dry form that contain ephedrine, pseudoephedrine or phenylpropanolamine because those products are commonly used to manufacture methamphetamine and defines those products as "targeted methamphetamine precursors."

The law restricts the sale of multiple-dose packages of targeted methamphetamine precursors to blister packs containing no more than 3 grams and allows no more than 3 packages to be sold in a single transaction. It requires targeted methamphetamine precursors to be sold by a pharmacist, pharmacy technician or employee under that person's supervision after the pharmacist's approval and requires that the product be stored in a location that is locked or otherwise not accessible to the public. It authorizes but does not require a pharmacy to request identification and log sales of these products.

The law allows single-dose packages to continue to be sold at any store as long as they are close to and within sight of store staff.

The law allows a pharmacist or pharmacy technician to refuse to make a sale of targeted methamphetamine precursors and to report the situation to a law enforcement agency. It confers immunity from civil liability on a pharmacist or technician who in good faith refuses to sell the drug or who makes a report to a law enforcement agency.

Joint Standing Committee on Health and Human Services

The law designates more than 9 grams of a targeted methamphetamine precursor possessed by a person as a Schedule Z illegal drug and provides an affirmative defense if it is possessed for a legitimate medical purpose. The law requires the Department of Health and Human Services, Office of Substance Abuse to create the Maine Meth Watch Program, based on a national so-called "Meth Watch" program, which helps deter suspicious sales and theft of targeted methamphetamine precursor-containing medicines and other products used in the illegal manufacturing of methamphetamine.

The law authorizes the Director of the Office of Substance Abuse in the Department of Health and Human Services to adopt major substantive rules on further restrictions for the liquid or gel forms of targeted methamphetamine precursors, on mandatory identification and on requiring a purchase log if the Director of the Maine Drug Enforcement Agency finds circumstances that pose a threat to the public health, safety and welfare and the Director of the Office of Substance Abuse has consulted with the joint standing committee of the Legislature having jurisdiction over health and human services matters.

LD 1614 An Act To Sustain and Strengthen Community Health Coalitions CARRIED OVER

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
ROSEN R PINGREE		

LD 1614 proposed to establish the Commission to Certify and Recertify Comprehensive Community Health Coalitions, to establish a system of comprehensive community health coalitions and to appropriate \$200,000 in fiscal year 2006-07 for the Commission to Certify and Recertify Comprehensive Community Health Coalitions. The bill proposed to enact effective date of January 1, 2006.

This bill was carried over by H.P. 1203 to any special or regular session of the 122nd Legislature.

**LD 1618 An Act Regarding Advertising by Drug Manufacturers and PUBLIC 392
Disclosure of Clinical Trials**

<u>Sponsor(s)</u>	<u>Committee Report</u>	<u>Amendments Adopted</u>
LERMAN	OTP-AM MAJ ONTP MIN	H-661 H-675 LERMAN

LD 1618 proposed to require the Department of Health and Human Services to adopt rules incorporating by reference federal laws and regulations concerning misbranded drugs and devices and prescription drug advertising. The bill also requires drug manufacturers to provide information concerning clinical trials of prescription drugs advertised in the State, provides immunity for disclosure of that information, directs the department to maintain this information on an Internet website and enables the department to collect a fee from manufacturers to support a clinical trial database. The bill proposed to make violations of these requirements violations of the Maine Unfair Trade Practices Act, which are subject to a fine of not more than \$10,000.

Enacted law summary