# CHAPTER 101

# GENERAL PROVISIONS

## §251. Information for department on request

In order to afford the department better advantages for obtaining knowledge important to be incorporated with that collected through special investigations and from other sources, all officers of the State, the physicians of all incorporated companies and the president or agent of any company chartered, organized or transacting business under the laws of this State, as far as practicable, shall furnish to the department any information bearing upon public health which may be requested by said department for the purpose of enabling it better to perform its duties of collecting and distributing useful knowledge on this subject.

## §252. Penalties

A person who intentionally or knowingly violates any provision of section 451, 454-A, 461 or 462, or of rules adopted pursuant to those sections, or neglects or refuses to obey any order or direction of any local health officer authorized by those provisions, the penalty for which is not specifically provided, or intentionally or knowingly interferes with any person or thing to prevent the execution of those sections or of the rules, commits a civil violation for which a fine of not more than $500 may be adjudged. The District Court has jurisdiction of all offenses under these sections. [PL 2007, c. 598, §4 (AMD).]

SECTION HISTORY

PL 1979, c. 127, §141 (AMD). PL 1989, c. 487, §2 (AMD). PL 2007, c. 598, §4 (AMD).

## §253. Comprehensive health planning

**(REPEALED)**

SECTION HISTORY

PL 1967, c. 243 (NEW). PL 1975, c. 293, §4 (AMD). PL 1981, c. 470, §§A55,A56 (AMD). PL 1995, c. 653, §C1 (RPR). PL 1995, c. 653, §C3 (AFF). PL 1997, c. 689, §A2 (AMD). PL 1997, c. 689, §C2 (AFF). PL 2001, c. 354, §3 (AMD). PL 2003, c. 469, §B3 (RP). PL 2003, c. 510, §A14 (AMD). PL 2003, c. 599, §3 (AMD).

## §254. Elderly low-cost drug program

**(REPEALED)**

SECTION HISTORY

PL 1975, c. 293, §4 (AMD). PL 1975, c. 619, §1 (NEW). PL 1975, c. 771, §§212,213 (AMD). PL 1977, c. 694, §333 (AMD). PL 1977, c. 718, §1 (AMD). PL 1979, c. 726, §§1-5 (AMD). PL 1981, c. 470, §§A57-A59 (AMD). PL 1983, c. 66 (AMD). PL 1983, c. 290 (AMD). PL 1985, c. 785, §A94 (AMD). PL 1987, c. 746 (AMD). PL 1989, c. 563, §§1,2 (AMD). PL 1989, c. 564, §§1-3,5 (AMD). PL 1989, c. 596, §N9 (AMD). PL 1989, c. 878, §§A54,55 (AMD). PL 1991, c. 528, §§P3-9 (AMD). PL 1991, c. 528, §RRR (AFF). PL 1991, c. 591, §§P3-9 (AMD). PL 1991, c. 622, §§M1-4 (AMD). PL 1991, c. 622, §M5 (AFF). PL 1991, c. 645 (AMD). PL 1991, c. 671, §L1 (AMD). PL 1991, c. 780, §§R8,10 (AFF). PL 1993, c. 6, §§C1-4 (AMD). PL 1993, c. 6, §C14 (AFF). PL 1993, c. 410, §§I4-6 (AMD). PL 1997, c. 643, §§RR1,2 (AMD). RR 1999, c. 1, §27 (COR). PL 1999, c. 401, §KKK1 (AMD). PL 1999, c. 401, §KKK10 (AFF). PL 1999, c. 531, §F1 (AMD). PL 1999, c. 531, §F2 (AFF). PL 1999, c. 551, §§1,2 (AMD). PL 1999, c. 707, §1 (AMD). PL 1999, c. 731, §§TT7-10 (AMD). PL 1999, c. 786, §§B1,2 (AMD). PL 2001, c.

293, §§1-4 (AMD). PL 2001, c. 405, §1 (AMD). PL 2001, c. 405, §3 (AFF). PL 2001, c. 439, §§HH1-3 (AMD). PL 2001, c. 439, §HH4 (AFF). PL 2001, c. 691, §1 (AMD). PL 2001, c. 691, §6 (AFF). PL 2003, c. 20, §§GGG1-6 (AMD). PL 2003, c. 451, §§P1,2 (AMD). PL 2003, c. 611, §1 (AMD). PL 2003, c. 689, §B6 (REV). PL 2005, c. 12, §§KKK1-3 (AMD). PL 2005, c. 401, §A1 (RP).

**§254-A. Elderly low-cost drug program information**

**(REPEALED)**

SECTION HISTORY

PL 1997, c. 643, §RR3 (NEW). PL 2001, c. 691, §2 (AMD). PL 2001, c. 691, §6 (AFF). PL 2005, c. 401, §C1 (RP).

**§254-B. Maine resident low-cost prescription drug program**

**(REPEALED)**

SECTION HISTORY

PL 1999, c. 431, §1 (NEW). PL 1999, c. 786, §A2 (RP).

**§254-C. Prescription drug program for out-of-country prescription drugs**

The department shall establish a prescription drug program, when permitted by federal law or by the granting of a waiver by the United States Secretary of Health and Human Services, to provide access to prescription drugs from out of the country to residents of the State who are 62 years of age or older or have disabilities. The program must operate within the limits of federal law and regulation and state law and rule. [PL 2005, c. 165, §1 (NEW).]

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Member" means a person who meets the eligibility requirements of subsection 2 and who is enrolled in the program. [PL 2005, c. 165, §1 (NEW).]

B. "Program" means the prescription drug program under this section. [PL 2005, c. 165, §1 (NEW).]

[PL 2005, c. 165, §1 (NEW).]

**2. Eligibility.** Residents of the State are eligible for the program if they are 62 years of age or older or have disabilities.

[PL 2005, c. 165, §1 (NEW).]

**3. Access.** Access to prescription drugs under the program is subject to the requirements of this subsection.

A. The member must show evidence of use of a pharmacist licensed in the State to coordinate all prescriptions and prevent harmful drug interactions. [PL 2005, c. 165, §1 (NEW).]

B. The program may provide access to prescription drugs that a member has taken according to prescription for at least 15 days. [PL 2005, c. 165, §1 (NEW).]

C. The program may provide access to prescription drugs from pharmacies located outside the country, provided that the department has specifically approved the use of any pharmacies located outside the country. [PL 2005, c. 165, §1 (NEW).]

D. The program may provide access to prescription drugs that are brand-name drugs in their original sealed packaging. [PL 2005, c. 165, §1 (NEW).]

E. The program may not provide access to antibiotics for acute illnesses or prescription drugs for alleviation of pain that are habit-forming. [PL 2005, c. 165, §1 (NEW).]

[PL 2005, c. 165, §1 (NEW).]

**4. Testing.** The program must include a procedure for random testing of drugs to ensure purity and safety for the member.
[PL 2005, c. 165, §1 (NEW).]

**5. Rulemaking.** The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
[PL 2005, c. 165, §1 (NEW).]

SECTION HISTORY

PL 2005, c. 165, §1 (NEW).

**§254-D. Elderly low-cost drug program**

The Department of Health and Human Services may conduct the elderly low-cost drug program to provide low-cost prescription and nonprescription drugs, medication and medical supplies to disadvantaged, elderly and disabled individuals. [PL 2005, c. 401, Pt. A, §2 (NEW).]

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Beneficiary under Medicare Part D" means a person who is enrolled in Medicare Part D. [PL 2005, c. 401, Pt. A, §2 (NEW).]

B. "Enrollee" means a person who receives benefits under the program. [PL 2005, c. 401, Pt. A, §2 (NEW).]

C. "Household income" means family income as defined by the department for the purposes of this section. [PL 2005, c. 401, Pt. A, §2 (NEW).]

D. "MaineCare member" means a person who receives benefits under the MaineCare program under chapter 855. [PL 2005, c. 401, Pt. A, §2 (NEW).]

E. "Manufacturer" means a manufacturer of prescription drugs and includes a subsidiary or affiliate of the manufacturer or a person or entity that receives prescription drugs from a manufacturer or wholesaler and repackages those drugs for later retail sale and has a labeler code from the federal Food and Drug Administration under 21 Code of Federal Regulations, 207.20 (1999). [PL 2005, c. 401, Pt. A, §2 (NEW).]

F. "Medicare Part D" means the prescription drug benefit program provided under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173. [PL 2005, c. 401, Pt. A, §2 (NEW).]

G. "Program" means the elderly low-cost drug program authorized in this section. [PL 2005, c. 401, Pt. A, §2 (NEW).]

H. "Wholesale price" means the average price paid by a wholesaler to a manufacturer for a product distributed for retail sale. "Wholesale price" includes a deduction for any customary prompt payment discounts. [PL 2005, c. 401, Pt. A, §2 (NEW).]
[PL 2005, c. 401, Pt. A, §2 (NEW).]

**2. Administration.** The commissioner shall provide sufficient personnel to ensure efficient administration of the program. The commissioner shall determine the extent and the magnitude of the program on the basis of the calculated need of the recipient population and the available funds. The department may not spend more on this program than is available through appropriations from the General Fund, dedicated revenue, federal or other grants and other established and committed funding sources. The commissioner may accept, for the purposes of carrying out this program, federal funds

appropriated under any federal law relating to the furnishing of free or low-cost drugs to disadvantaged, elderly or disabled individuals and may take such action as is necessary for the purposes of carrying out that federal law and may accept from any other agency of government, individual, group or corporation such funds as may be available to carry out this chapter. The department may establish priorities of coverage and cost-sharing with available funds. Funds appropriated from the General Fund to carry out the purposes of this section may not lapse but must carry from year to year.
[PL 2005, c. 401, Pt. A, §2 (NEW).]

**3. Applications.** The commissioner shall make available suitable applications for benefits under the program with instructions for applicants. Individuals who are eligible for benefits under both MaineCare and Medicare Part D may be deemed eligible for the program without the need for application.
[PL 2005, c. 401, Pt. A, §2 (NEW).]

**4. Conduct of program.** This subsection governs the conduct of the program, including the basic, supplemental and catastrophic components, by the department.

A. Prescription and nonprescription drugs, medications and medical supplies of manufacturers that enter into rebate agreements pursuant to paragraph H may be available under the program. The department may create and implement a preferred drug list. Drugs may be made available through the operation of the basic and supplemental components of the program as follows.

(1) The basic component of the program must provide drugs and medications for cardiac conditions and high blood pressure, diabetes, arthritis, anticoagulation, hyperlipidemia, osteoporosis, chronic obstructive pulmonary disease and asthma, incontinence, thyroid diseases, glaucoma, parkinson's disease, multiple sclerosis and amyotrophic lateral sclerosis. The basic component must also provide over-the-counter medications that are prescribed by a health care provider and approved as cost-effective by the department.

(2) The supplemental component of the program must provide all prescription drugs and medications of manufacturers that enter into rebate agreements pursuant to paragraph H other than those prescription drugs and medications provided under subparagraph (1). [PL 2005, c. 401, Pt. A, §2 (NEW).]

B. An individual is eligible for the program if that individual:

(1) Is a legal resident of the State;

(2) Meets the income eligibility criteria set forth in this section or is eligible for both MaineCare and Medicare Part D;

(3) Does not receive full MaineCare pharmaceutical benefits;

(4) Is at least 62 years of age, or is 19 years of age or older and determined to be disabled by the standards of the federal social security program. A person who was eligible for the program at any time from August 1, 1998 to July 31, 1999 and who does not meet the requirements of this subparagraph at the time of application or renewal retains eligibility for the program if that person is a member of a household of an eligible person; and

(5) Does not have more than $50,000 individually or more than $75,000 per couple in liquid assets. [PL 2015, c. 267, Pt. TT, §1 (AMD).]

C. The department may require that an enrollee or applicant for the program who is otherwise eligible for Medicare Part D become a beneficiary under Medicare Part D unless the department determines that good cause exists for the person not to participate in Medicare Part D. [PL 2005, c. 401, Pt. A, §2 (NEW).]

D. Income eligibility of individuals must be determined by this paragraph and by reference to the federal poverty guidelines for the 48 contiguous states and the District of Columbia, as defined by

the federal Office of Management and Budget and revised annually in accordance with the United States Omnibus Budget Reconciliation Act of 1981, Section 673, Subsection 2, Public Law 97-35, reauthorized by Public Law 105-285, Section 201 (1998). If the household income is not more than 185% of the federal poverty guideline applicable to the household, the individual is eligible for the basic program and the supplemental program. Individuals are also eligible for the basic and the supplemental program if the household spends at least 40% of its income on unreimbursed direct medical expenses for prescription drugs and medications and the household income is not more than 25% higher than the levels specified in this paragraph. For the purposes of this paragraph, the cost of drugs provided to a household under this section is considered a cost incurred by the household for eligibility determination purposes. [PL 2019, c. 343, Pt. ZZ, §1 (AMD).]

E. Specifications for the administration and management of the program may include, but are not limited to, program objectives, accounting and handling practices, supervisory authority and evaluation methodology. [PL 2005, c. 401, Pt. A, §2 (NEW).]

F. The method of prescribing or ordering the drugs under paragraph A may include, but is not limited to, the use of standard or larger prescription refill sizes so as to minimize operational costs and to maximize economy. Unless the prescribing physician indicates otherwise or the department determines that it would not be cost-effective, the use of generic or chemically equivalent drugs is required, as long as these drugs are of the same quality and have the same mode of delivery as is provided to the general public, consistent with good pharmaceutical practice. [PL 2005, c. 401, Pt. A, §2 (NEW).]

G. The commissioner may establish the amount of payment to be made by the program and by enrollees toward the cost of drugs and medications furnished under the program, including covered prescription and nonprescription drugs, medications and medical supplies, under the following terms.

(1) For the basic component of the program, the total cost to an enrollee for the purchase of any covered drug or medication may not exceed the sum of $2 plus 20% of the price allowed for that drug or medication under program rules.

(2) For the supplemental component of the program, the total cost to an enrollee for the purchase of any covered drug or medication may not exceed:

(a) For a brand name drug or medication, the cost to the program for that drug or medication minus the $2 paid by the program; and

(b) For a generic drug or medication, the sum of $2 plus 20% of the price allowed for that drug or medication under program rules.

(3) For the catastrophic component of the program, the commissioner shall establish annual limits on the costs incurred by enrollees for drugs and medications covered under the program on or prior to May 31, 2001. After the limit is reached, the program must pay 80% of the cost of each drug and medication covered by the supplemental component of the program on May 31, 2001 minus $2. Any remaining amount is paid by the enrollee. The limits must be set by the commissioner by rule as necessary to operate the program within the program budget. [PL 2005, c. 401, Pt. A, §2 (NEW).]

H. Payment must be denied for drugs from manufacturers that do not enter into a rebate agreement with the department.

(1) Each agreement must provide that the manufacturer make rebate payments for both the basic and supplemental components of the program to the department according to the following schedule.

(a) From October 1, 1992 to October 1, 1998, the rebate percentage is equal to the percentage recommended by the federal Center for Medicare and Medicaid Services of the manufacturer's wholesale price for the total number of dosage units of each form and strength of a prescription drug that the department reports as reimbursed to providers of prescription drugs, provided payments are not due until 30 days following the manufacturer's receipt of utilization data supplied by the department, including the number of dosage units reimbursed to providers of prescription drugs during the period for which payments are due.

(b) Beginning October 1, 1998, the department shall seek to achieve an aggregate rebate amount from all rebate agreements that is 6 percentage points higher than that required by division (a), provided such rebates result in a net increase in the rebate revenue available to the elderly low-cost drug program.

(2) Upon receipt of data from the department, the manufacturer shall calculate the quarterly payment.

(a) If a discrepancy is discovered, the department may, at its expense, hire a mutually agreed-upon independent auditor to verify the manufacturer's calculation.

(b) If a discrepancy is still found, the manufacturer shall justify its calculation or make payment to the department for any additional amount due.

(c) The manufacturer may, at its expense, hire a mutually agreed-upon independent auditor to verify the accuracy of the utilization data provided by the department. If a discrepancy is discovered, the department shall justify its data or refund any excess payment to the manufacturer.

(d) If the dispute over the rebate amount is not resolved, a request for a hearing with supporting documentation must be submitted to the department's division of administrative hearings. Failure to resolve the dispute may be cause for terminating the drug rebate agreement and denying payment to the manufacturer for any drugs.

(3) A prescription drug of a manufacturer that does not enter into an agreement pursuant to this paragraph is reimbursable only if the department determines the prescription drug is essential.

(4) All prescription drugs of a manufacturer that enters into an agreement pursuant to this paragraph that appear on the list of approved drugs under the program must be immediately available and the cost of the drugs must be reimbursed except as provided in this paragraph. The commissioner may impose prior authorization requirements on drugs under the program. If the commissioner establishes maximum retail prices for prescription drugs pursuant to section 2693, the department shall adopt rules for the program requiring the use of a drug formulary and prior authorization for the dispensing of certain drugs to be listed on a formulary.

(5) The names of manufacturers who do and do not enter into rebate agreements pursuant to this paragraph are public information. The department shall release this information to health care providers and the public on a regular basis and shall publicize participation by manufacturers that is of particular benefit to the public. [RR 2015, c. 1, §16 (COR).]

I. The eligibility determination made by the department is final, subject to appeal in accordance with the appeal process established in the MaineCare program. [PL 2005, c. 401, Pt. A, §2 (NEW).]

[PL 2019, c. 343, Pt. ZZ, §1 (AMD).]

**5. Relationship to federal Medicare program.** To the extent permitted by federal law and to the extent that funds are available, the department may:

A. Serve as the authorized representative for enrollees for the purpose of enrollment in a Medicare Part D plan; [PL 2005, c. 401, Pt. A, §2 (NEW).]

B. Apply for Medicare Part D benefits and subsidies on behalf of enrollees; [PL 2005, c. 401, Pt. A, §2 (NEW).]

C. Establish rules by which enrollees may opt out of the procedures under paragraphs A and B; [PL 2005, c. 401, Pt. A, §2 (NEW).]

D. At its discretion, file exceptions and appeals pertaining to Medicare Part D eligibility or benefits on behalf of enrollees who are beneficiaries under Medicare Part D. The department may identify a designee for this function; [PL 2005, c. 401, Pt. A, §2 (NEW).]

E. Identify objective criteria for evaluating Medicare Part D plans for the purposes of assisting or enrolling persons in those plans; [PL 2005, c. 401, Pt. A, §2 (NEW).]

F. Deem eligible for and enroll in the program without the need for application individuals who are eligible for both MaineCare and Medicare Part D; [PL 2005, c. 401, Pt. A, §2 (NEW).]

G. For enrollees who are also beneficiaries under or eligible for Medicare Part D:

(1) Provide coverage of drugs to the same extent that coverage is available to enrollees who are not eligible for Medicare Part D; and

(2) Provide assistance with premiums and other cost-sharing requirements of Medicare Part D; and [PL 2005, c. 401, Pt. A, §2 (NEW).]

H. For enrollees who are MaineCare members and who are also beneficiaries under or eligible for Medicare Part D:

(1) Provide coverage of drugs to the same extent that coverage is available to enrollees who are MaineCare members who are not eligible for Medicare Part D; and

(2) Provide assistance with the cost of prescription drugs and premiums and other cost-sharing requirements of Medicare Part D. [PL 2005, c. 401, Pt. A, §2 (NEW).]

[PL 2005, c. 401, Pt. A, §2 (NEW).]

**6. Education, outreach and materials to increase access.** The department shall provide education and outreach services to applicants and enrollees in the program, MaineCare members and beneficiaries under Medicare Part D to increase access to needed prescription and nonprescription drugs and fully use other private, state and federal programs. The department shall provide materials, which must cover the availability of benefits and the application process and must include brochures, posters for pharmacies and flyers for pharmacists to distribute with prescription drug purchases.

[RR 2005, c. 1, §4 (COR).]

**7. Rulemaking.** The commissioner may adopt rules to implement the program. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2005, c. 401, Pt. A, §2 (NEW).]

**8. Emergency drug coverage.** The department shall provide emergency drug coverage to an enrollee when:

A. A medically necessary drug prescribed for the enrollee is not on the enrollee's Medicare Part D prescription drug plan formulary, is not provided for in the dosage or amount necessary or is on the formulary as a nonpreferred drug; [PL 2005, c. 519, Pt. AAA, §1 (NEW).]

B. The enrollee's initial prior authorization request was not approved by the Medicare Part D prescription drug plan; and [PL 2005, c. 519, Pt. AAA, §1 (NEW).]

C. The drug is available as a preferred drug under either the program or MaineCare or is available from these programs with prior authorization and the enrollee has received or would receive prior authorization approval. [PL 2005, c. 519, Pt. AAA, §1 (NEW).]

[PL 2005, c. 519, Pt. AAA, §1 (NEW).]

SECTION HISTORY

RR 2005, c. 1, §4 (COR). PL 2005, c. 401, §A2 (NEW). PL 2005, c. 519, §AAA1 (AMD). PL 2007, c. 240, Pt. RR, §1 (AMD). PL 2011, c. 657, Pt. HH, §1 (AMD). RR 2015, c. 1, §16 (COR). PL 2015, c. 267, Pt. TT, §1 (AMD). PL 2019, c. 343, Pt. ZZ, §1 (AMD).

**§255. Coordination of health services funded through the state and federal funds**

**1. Findings and declaration of legislative intent.** The Legislature finds that the costs of health care and services provided by health care facilities are matters of vital concern to the people of this State and have a direct relationship to the ability of the people to obtain necessary health care.

The Legislature further finds that the coordination of health services in a geographic area within an existing health facility, where practicable, increases both access and quantity of services provided and increases the likelihood costs for these services will be reasonable.

It is the intent of the Legislature to define a policy for the Department of Health and Human Services in order that health services paid for by state and federal funds be coordinated through existing health facilities whenever possible.

[PL 1979, c. 393 (NEW); PL 2003, c. 689, Pt. B, §6 (REV).]

**2. Coordination of health services.** To assure equal access to and to avoid the unnecessary duplication of administrative systems, of health services and of health care facilities, the Department of Health and Human Services shall, to the extent practicable, assure that health services funded or provided under the United States Social Security Act, Title V, ESPDT of Title XIX and Title XX, as amended, the United States Public Health Services Act, Section 314 D of Title III, as amended, the Women, Infants and Children (WIC) Special Supplemental Food Program of the United States Child Nutrition Act of 1966, or its successor, the United States Older Americans Act, ASPDT of Title III, as amended, shall be provided through agreements with an existing health facility as long as quality of care is maintained.

[PL 1979, c. 393 (NEW); PL 2003, c. 689, Pt. B, §6 (REV).]

SECTION HISTORY

PL 1979, c. 393 (NEW). PL 2003, c. 689, §B6 (REV).

**§255-A. Commission to Protect the Lives and Health of Members of the Maine National Guard**

**(REPEALED)**

SECTION HISTORY

PL 2007, c. 318, §2 (NEW). PL 2011, c. 344, §25 (RP).

**§256. Health care occupations manual**

**(REPEALED)**

SECTION HISTORY

PL 1989, c. 579, §3 (NEW). PL 2005, c. 327, §1 (RP).

**§256-A. Health care occupations report**

Beginning in 2006, the Department of Labor, in conjunction with the Office of Data, Research and Vital Statistics, shall compile and annually update a health care occupations report to be completed and presented to the health workforce forum established in section 257 by September 15th. Beginning in

2009, the health care occupations report must be completed and presented to the health workforce forum established in section 257 by September 15th and presented every 4th year thereafter. The report must be posted on a publicly accessible site on the Internet maintained by the Department of Labor and provide the following information: [PL 2009, c. 601, §1 (AMD).]

**1. Listing.** A listing of all health care occupations licensed, registered or certified under the authority of the boards listed in section 256-B, including:

A. A brief description of each occupation; [PL 2005, c. 327, §2 (NEW).]

B. Minimum education requirements; [PL 2005, c. 327, §2 (NEW).]

C. Schools in the State offering education in those health care occupations, including current enrollment and annual number of graduates; and [PL 2005, c. 327, §2 (NEW).]

D. Average starting salary for each health care occupation listed; [PL 2005, c. 327, §2 (NEW).]
[PL 2005, c. 327, §2 (NEW).]

**2. Future outlook.** An analysis of trends and the current outlook in employment supply and demand, including implications for the state and health care industry; and
[PL 2005, c. 327, §2 (NEW).]

**3. Financial aid.** Financial aid available for education.
[PL 2005, c. 327, §2 (NEW).]

SECTION HISTORY

PL 2005, c. 327, §2 (NEW). PL 2007, c. 240, Pt. RR, §2 (AMD). PL 2007, c. 631, §1 (AMD). PL 2009, c. 601, §1 (AMD).

**§256-B. Collection of professional data**

**1. Voluntary surveys.** All licensed, registered or certified persons, including all dependent practitioners, under the authority of the following boards must receive a voluntary survey with their licensure, registration or certification renewal beginning January 1, 2006:

A. Emergency Medical Services Board; [PL 2005, c. 327, §2 (NEW).]

B. Radiologic Technology Board of Examiners; [PL 2005, c. 327, §2 (NEW).]

C. Board of Occupation Therapy Practice; [PL 2005, c. 327, §2 (NEW).]

D. Board of Examiners on Speech Pathology and Audiology; [PL 2005, c. 327, §2 (NEW).]

E. Maine Board of Pharmacy; [PL 2005, c. 327, §2 (NEW).]

F. State Board of Nursing; [PL 2005, c. 327, §2 (NEW).]

G. Board of Licensure in Medicine; [PL 2005, c. 327, §2 (NEW).]

H. Board of Osteopathic Licensure; [PL 2005, c. 327, §2 (NEW).]

I. Board of Examiners in Physical Therapy; [PL 2005, c. 327, §2 (NEW).]

J. Board of Respiratory Care Practitioners; [PL 2005, c. 327, §2 (NEW).]

K. Board of Licensing of Dietetic Practice; [PL 2005, c. 327, §2 (NEW).]

L. State Board of Social Worker Licensure; [PL 2005, c. 327, §2 (NEW).]

M. Board of Dental Practice; [PL 2005, c. 327, §2 (NEW); PL 2015, c. 429, §23 (REV).]

N. State Board of Alcohol and Drug Counselors; and [PL 2005, c. 327, §2 (NEW).]

O. State Board of Examiners of Psychologists. [PL 2005, c. 327, §2 (NEW).]
[PL 2005, c. 327, §2 (NEW); PL 2015, c. 429, §23 (REV).]

**2. Information requested on survey.** The voluntary surveys issued pursuant to subsection 1 must request the following information from persons seeking renewal of their licenses, registrations and certifications:

A. Home zip code; [PL 2005, c. 327, §2 (NEW).]

B. Business zip code; [PL 2005, c. 327, §2 (NEW).]

C. Birth year; [PL 2005, c. 327, §2 (NEW).]

D. Gender; [PL 2005, c. 327, §2 (NEW).]

E. Race; [PL 2005, c. 327, §2 (NEW).]

F. Current employment status: employed in a health care field, employed in another field, seeking health care employment, temporarily not working and not seeking work, retired or not intending to return to work, or some specified other status; [PL 2005, c. 327, §2 (NEW).]

G. Practice setting: a hospital, private practice, community clinic or nursing home; an academic, governmental or other institution; or some specified other setting; [PL 2005, c. 327, §2 (NEW).]

H. Field of licensure, registration or certification; [PL 2005, c. 327, §2 (NEW).]

I. Specialty credential, if any; [PL 2005, c. 327, §2 (NEW).]

J. Whether the person plans to be working in health care 5 years from now; [PL 2005, c. 327, §2 (NEW).]

K. Basic and advanced education, degree earned and state where educated; [PL 2005, c. 327, §2 (NEW).]

L. Number of hours hired to work in the person's primary position per week, average hours worked per week, preferred number of hours per week and number of hours providing direct care per week; [PL 2005, c. 327, §2 (NEW).]

M. In addition to the person's primary position, number of hours worked per week for other health care employers, if any; and [PL 2005, c. 327, §2 (NEW).]

N. If not working in a health care occupation, the reasons: issues of wages or benefits, inability to find position desired, pursuit of education opportunities, pursuit of other career opportunity, retirement or some other specified reason. [PL 2005, c. 327, §2 (NEW).]

[PL 2005, c. 327, §2 (NEW).]

**3. Submission of surveys.** All surveys conducted pursuant to subsection 1 must be submitted to the Office of Data, Research and Vital Statistics for analysis, and survey data from which personally identifiable information has been eliminated must be publicly available.

[PL 2009, c. 601, §2 (AMD).]

**4. Rulemaking.** Rules adopted to implement this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

[PL 2005, c. 327, §2 (NEW).]

SECTION HISTORY

PL 2005, c. 327, §2 (NEW). PL 2007, c. 240, Pt. RR, §3 (AMD). PL 2009, c. 601, §2 (AMD). PL 2015, c. 429, §23 (REV).

**§257. Health workforce forum**

The department shall convene at least once annually a health workforce forum to review the latest report developed under section 256-A and discuss current health care workforce issues. The forum must include representatives of health professionals, licensing boards, employers, health education programs and the Department of Labor. [PL 2007, c. 631, §2 (AMD).]

**1. Inventory.**

[PL 2005, c. 327, §3 (RP).]

**2. Research.**

[PL 2005, c. 327, §3 (RP).]

The department shall use the information gathered through the forum to develop its health policy and planning decisions authorized under this Title and to make appropriate policy recommendations based on its analysis of the health care workforce. The department shall post the report and recommendations on a publicly accessible site on the Internet maintained by the department by December 31st beginning in 2009. [PL 2007, c. 631, §2 (AMD).]

SECTION HISTORY

PL 1995, c. 653, §C2 (NEW). PL 1995, c. 653, §C3 (AFF). PL 2005, c. 327, §3 (AMD). PL 2007, c. 631, §2 (AMD).

**§258. Healthy Maine Prescription Program**

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Elderly low-cost drug program" means the program established as part of the Healthy Maine Prescription Program pursuant to section 254-D. [PL 2005, c. 401, Pt. C, §2 (AMD).]

B. "Prescription program" means the Healthy Maine Prescription Program established in this section. [PL 2001, c. 293, §5 (NEW).]

[PL 2005, c. 401, Pt. C, §2 (AMD).]

**2. Program established.** The Healthy Maine Prescription Program is established as the Medicaid prescription drug discount program authorized pursuant to 42 United States Code, Section 1315, as amended, and the waiver project authorized under that section.

[PL 2001, c. 293, §5 (NEW).]

**3. Administration; components.** The department shall administer the prescription program. The elderly low-cost drug program is a component of the prescription program.

[PL 2001, c. 293, §5 (NEW).]

**4. Benefit eligibility.** Benefits are subject to the following provisions.

A. An individual enrolled in both the elderly low-cost drug program and the prescription program is eligible for the more generous discount authorized under either program in the event overlapping benefits exist. [PL 2001, c. 293, §5 (NEW).]

B. If a drug rebate is paid for any prescription under the prescription program, a rebate is not due under the elderly low-cost drug program. [PL 2001, c. 293, §5 (NEW).]

C. The department shall issue a single certificate for eligibility to an individual who is eligible for both the benefit under the elderly low-cost drug program and the benefit under the prescription program. [PL 2001, c. 293, §5 (NEW).]

[PL 2001, c. 293, §5 (NEW).]

**5. Copayments.** Notwithstanding section 3173-C, a beneficiary of the prescription program shall make the copayments authorized under the prescription program and the elderly low-cost drug program.

[PL 2001, c. 293, §5 (NEW).]

**6. Report.** On or before January 15th each year, the department shall report to the Legislature on the prescription program.

[PL 2001, c. 293, §5 (NEW).]

**7. Rules.** The department shall adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter II-A.
[PL 2001, c. 293, §5 (NEW).]

**8. Transition.** When benefits are not available under this section, the commissioner may provide benefits under pharmaceutical benefits programs that were in effect on May 26, 2001.
[PL 2001, c. 467, Pt. B, §1 (NEW); PL 2001, c. 467, Pt. B, §4 (AFF).]

SECTION HISTORY

PL 2001, c. 293, §5 (NEW). PL 2001, c. 467, §B1 (AMD). PL 2001, c. 467, §B4 (AFF). PL 2005, c. 401, §C2 (AMD).

**§259. Support for primary and preventive health care services**

The department shall maintain and expand health care access for underserved populations using funds appropriated for these purposes by the Legislature as provided in this section. [PL 2001, c. 450, Pt. B, §1 (NEW).]

**1. Support for federally qualified health centers.** The department shall provide support for federally qualified health centers as follows:

A. Seventy-five thousand dollars in fiscal years 2001-02 and 2002-03 as the state Medicaid match to contract for Medicaid outstationing services at federally qualified health centers; [PL 2015, c. 267, Pt. JJJ, §1 (AMD).]

B. Six hundred ninety-nine thousand, one hundred fifty dollars in fiscal year 2001-02 to federally qualified health centers to support the infrastructure of these programs in providing primary care services to underserved populations. Forty-four thousand, two hundred fifty dollars must be provided to each federally qualified health center with an additional $8,850 for the 2nd and each additional site operated by a federally qualified health center. For the purposes of this paragraph, "site" means a site or sites operated by the federally qualified health center within its scope of service that meet all health center requirements, including providing primary care services, regardless of patients' ability to pay, 5 days a week with extended hours. If there is not sufficient funding to meet the formula in this paragraph, the $699,150 must be allocated in proportion to the formula outlined in this paragraph; and [PL 2015, c. 267, Pt. JJJ, §1 (AMD).]

C. Five hundred thousand dollars, beginning with fiscal year 2015-16 and continuing each fiscal year thereafter, to support access to primary medical, behavioral health and dental services to residents of the State in rural and underserved communities and to assist with provider recruitment and retention. Twenty-five thousand dollars must be provided to each federally qualified health center. [PL 2015, c. 267, Pt. JJJ, §1 (NEW).]

[PL 2015, c. 267, Pt. JJJ, §1 (AMD).]

**2. Restriction.** Funding provided under this section may not supplant other sources of funding.
[PL 2001, c. 450, Pt. B, §1 (NEW).]

SECTION HISTORY

PL 2001, c. 450, §B1 (NEW). PL 2001, c. 667, §C12 (AMD). PL 2015, c. 267, Pt. JJJ, §1 (AMD).

**§260. Maine Health Access Fund**

There is established the Maine Health Access Fund, referred to in this section as the "fund," as a dedicated fund to provide expanded access to health care. [PL 2001, c. 450, Pt. E, §1 (NEW).]

**1. Transfers to fund.** The State Controller shall transfer to the fund such money as authorized by law. The fund may also receive funds from other sources that are designated for the fund. Interest earned on fund balances and investment income on balances in the fund accrue to the fund.

[PL 2001, c. 450, Pt. E, §1 (NEW).]

**2. Nonlapsing.** Any unexpended balances in the fund may not lapse but must be carried forward.
[PL 2001, c. 450, Pt. E, §1 (NEW).]

**3. Restriction.** Allocations from the fund must be used to supplement and not supplant appropriations from the General Fund.
[PL 2001, c. 450, Pt. E, §1 (NEW).]

SECTION HISTORY

PL 2001, c. 450, §E1 (NEW).

**§261. Maternal, fetal and infant mortality review panel**

The department shall establish the maternal, fetal and infant mortality review panel in accordance with this section. [PL 2017, c. 203, §1 (AMD).]

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Center" means the Maine Center for Disease Control and Prevention. [PL 2005, c. 467, §1 (NEW).]

B. "Deceased person" means a woman who died during pregnancy or within 42 days of giving birth or a child who died within one year of birth. [PL 2017, c. 203, §1 (AMD).]

C. "Director" means the medical director of the center. [PL 2017, c. 203, §1 (AMD).]

C-1. "Family" means a woman who has experienced a fetal death or the parent or parents or other authorized representative of a deceased person. [PL 2009, c. 531, §1 (NEW).]

D. "Panel" means the maternal, fetal and infant mortality review panel established under this section. [PL 2017, c. 203, §1 (AMD).]

E. "Panel coordinator" means an employee of the center who is appointed by the director or a person designated by the panel coordinator. The panel coordinator must be a licensed physician or registered nurse or other health care professional licensed or registered in this State. [PL 2005, c. 467, §1 (NEW).]
[PL 2017, c. 203, §1 (AMD).]

**2. Membership; meetings.** The panel consists of health care and social service providers, public health officials, law enforcement officers and other persons with professional expertise on maternal and infant health and mortality. The director shall appoint the members of the panel, who serve at the pleasure of the director. The director shall appoint an employee of the center to serve as panel coordinator. The panel shall meet at least twice per year.
[PL 2017, c. 203, §1 (AMD).]

**3. Contact with family.** The first contact pursuant to this section with the family may not occur prior to 4 months after the death and must:

A. Be by letter from the State Health Officer on letterhead of the center; and [PL 2005, c. 467, §1 (NEW).]

B. Include an invitation to participate in a review of the death of the deceased person or the fetal death from a statewide organization dedicated to improving the health of babies by preventing birth defects, premature birth and infant mortality. [PL 2009, c. 531, §1 (AMD).]
[PL 2009, c. 531, §1 (AMD).]

**4. Duties and powers of panel coordinator.** The panel coordinator has the following duties and powers.

A. The panel coordinator shall review the deaths of all women during pregnancy or within 42 days of giving birth, the majority of cases in which a fetal death occurs after 28 weeks of gestation and the majority of deaths of infants under one year of age, with selection of cases of infant death based on the need to review particular causes of death or the need to obtain a representative sample of all deaths. [PL 2017, c. 203, §1 (AMD).]

A-1. The panel coordinator may have access to the death certificates of deceased persons and to fetal death certificates of fetal deaths occurring after 28 weeks of gestation. [PL 2009, c. 531, §1 (NEW).]

B. [PL 2017, c. 203, §1 (RP).]

B-1. The panel coordinator may have access to health care information of a deceased person and a mother of a child who died within one year of birth, including fetal deaths after 28 weeks of gestation, pursuant to section 1711-C, subsection 6, paragraph U. For purposes of this paragraph, "health care information" has the same meaning as in section 1711-C, subsection 1, paragraph E. [PL 2017, c. 203, §1 (NEW).]

C. Prior to conducting a voluntary interview, the panel coordinator shall obtain permission in all cases for the interview from the family. [PL 2009, c. 531, §1 (AMD).]

D. The panel coordinator may conduct voluntary interviews with the family. The purpose of the voluntary interview is limited to gathering information or data for the purposes of the panel in summary or abstract form without family names or patient identifiers. A person who conducts interviews under this paragraph must meet the qualifications for panel coordinator and also have professional experience or training in bereavement services. A person conducting an interview under this paragraph may make a referral for bereavement counseling. [PL 2009, c. 531, §1 (AMD).]

E. The panel coordinator shall prepare a summary or abstract of relevant information regarding the case, as determined to be useful to the panel, but without the name or identifier of the deceased person or the woman who experienced a fetal death, and shall present the summary or abstract to the panel. [PL 2009, c. 531, §1 (AMD).]

[PL 2017, c. 203, §1 (AMD).]

**5. Duties and powers of panel.** The panel has the following duties and powers.

A. The panel shall conduct comprehensive multidisciplinary reviews of data presented by the panel coordinator. [PL 2005, c. 467, §1 (NEW).]

B. The panel shall present an annual report to the department and to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The report must identify factors contributing to maternal, fetal and infant mortality in the State, determine the strengths and weaknesses of the current maternal and infant health care delivery system and make recommendations to the department to decrease the rate of maternal, fetal and infant mortality.

The panel shall offer a copy of the annual report to the person or persons that granted permission to the panel coordinator for a voluntary interview under subsection 4, paragraph C. [PL 2017, c. 203, §1 (AMD).]

C. The panel shall share the results of its data reviews and recommendations with the child death and serious injury review panel established pursuant to section 4004, subsection 1, paragraph E. The maternal, fetal and infant mortality review panel may request and review data from the child death and serious injury review panel, regardless of any prior work by the child death and serious injury review panel. [PL 2017, c. 203, §1 (AMD).]

[PL 2017, c. 203, §1 (AMD).]

**6. Limitations.** The panel coordinator may not proceed with voluntary interviews without the permission of the family. The panel coordinator may not photocopy or retain copies of medical records or review cases of abortion. In performing work under this section, the panel coordinator shall minimize the burden imposed on health care practitioners, hospitals and facilities.
[PL 2017, c. 203, §1 (AMD).]

**7. Confidentiality.** All records created or maintained pursuant to this section, other than reports provided under subsection 5, paragraph B, are protected as provided in this subsection. The records are confidential under section 42, subsection 5. The records are not open to public inspection, are not public records for the purposes of Title 1, chapter 13, subchapter 1 and are not subject to subpoena or civil process nor admissible in evidence in connection with any judicial, executive, legislative or other proceeding.
[PL 2005, c. 467, §1 (NEW).]

**8. Immunity.** A health care practitioner, hospital or health care facility or the employee or agent of that person or entity is not subject to civil or criminal liability arising from the disclosure or furnishing of records or information to the panel pursuant to this section.
[PL 2005, c. 467, §1 (NEW).]

**9. Funding.** The department may accept any public or private funds to carry out the purposes of this section.
[PL 2005, c. 467, §1 (NEW).]

**10. Rulemaking.** The department shall adopt rules to implement this section, including rules on collecting information and data, selecting members of the panel, collecting and using individually identifiable health information and conducting reviews under this section. The rules must ensure that access to individually identifiable health information is restricted as much as possible while enabling the panel to accomplish its work. The rules must establish a protocol to preserve confidentiality, specify the manner in which the family will be contacted for permission and maintain public confidence in the protection of individually identifiable information. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
[PL 2009, c. 531, §1 (AMD).]

**11. Repeal.**
[PL 2009, c. 531, §1 (RP).]

SECTION HISTORY

PL 2005, c. 467, §1 (NEW). PL 2009, c. 531, §1 (AMD). PL 2017, c. 203, §1 (AMD).

**§262. Home visiting**

**1. Voluntary universal home visiting program.** The department, as permitted by the availability of funds, shall offer a voluntary universal home visiting program for new families with children from the prenatal stage of development through 5 years of age, regardless of family income level. The home visiting program must incorporate the following principles:

A. Healthy and strong parent-child attachment; [PL 2007, c. 683, Pt. B, §2 (NEW).]

B. Physical and behavioral health of the family; [PL 2007, c. 683, Pt. B, §2 (NEW).]

C. Reduced incidence of child abuse and neglect; [PL 2007, c. 683, Pt. B, §2 (NEW).]

D. Positive and creative learning environments for the child; [PL 2007, c. 683, Pt. B, §2 (NEW).]

E. Effective and positive parenting; [PL 2007, c. 683, Pt. B, §2 (NEW).]

F. Parental competencies and self-confidence; [PL 2007, c. 683, Pt. B, §2 (NEW).]

G. Reducing family isolation through community linkages; [PL 2007, c. 683, Pt. B, §2 (NEW).]

H. School readiness; and [PL 2007, c. 683, Pt. B, §2 (NEW).]

I. Family self-sufficiency. [PL 2007, c. 683, Pt. B, §2 (NEW).]

[PL 2007, c. 683, Pt. B, §2 (NEW).]

SECTION HISTORY

PL 2007, c. 683, Pt. B, §2 (NEW).

**§263. Fees for services provided to municipalities**

The department shall adopt rules to charge fees for services provided to municipalities by the Maine Center for Disease Control and Prevention pertaining to health data and vital statistics, including but not limited to fees for services, paper and supplies. The department shall review fees charged under this section every 3 years beginning in 2013. Rules adopted pursuant to this section are major substantive rules as defined by Title 5, chapter 375, subchapter 2-A. [PL 2009, c. 589, §1 (NEW).]

SECTION HISTORY

PL 2009, c. 589, §1 (NEW).

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