



# 132nd MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2025

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Legislative Document

No. 1961

S.P. 768

In Senate, May 13, 2025

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**An Act to Clarify the Laws Relating to the Licensure of Certain  
Facilities by the Department of Health and Human Services**

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Submitted by the Department of Health and Human Services pursuant to Joint Rule 204.  
Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink, appearing to read "D M Grant", is positioned above the printed name of the Secretary of the Senate.

DAREK M. GRANT  
Secretary of the Senate

Presented by Senator INGWERSEN of York.

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

## PART A

**Sec. A-1. 22 MRSA §1717, sub-§2-C, ¶C**, as enacted by PL 2023, c. 309, §7, is amended to read:

C. A conditional license for a personal care agency with a provisional or a full license that fails to comply with applicable laws and rules when, in the judgment of the commissioner, issuing a conditional license is in the best interest of the public. The conditional license must specify what corrections the personal care agency is required to make during the term of the conditional license and a timeline for those corrections. The conditional license may be issued for a period of time not more than 12 months or the remaining period of the personal care agency's full license, whichever the commissioner determines is appropriate considering the laws and rules violated. A conditional license may be issued to an agency upon initial application if the agency has failed to comply with applicable laws and rules while operating under another license.

**Sec. A-2. 22 MRSA §1813, 3rd ¶**, as enacted by PL 1997, c. 488, §1, is amended to read:

For nursing facilities providing both nursing home facility and assisted living housing services, the department shall issue one license reflecting both levels of care. The commissioner shall adopt rules to implement this paragraph. Rules adopted pursuant to this paragraph are routine technical rules as defined by Title 5, chapter 375, subchapter H-A 2-A.

**Sec. A-3. 22 MRSA §7701, sub-§2**, as amended by PL 2001, c. 645, §2, is further amended to read:

**2. Facility.** As used in this subtitle, the word "facility" means any of the places described in section 7801 or defined in section 8001, 8101, 8201 or 8301-A, subsection 1-A, paragraph B.

**Sec. A-4. 22 MRSA §7802, sub-§1, ¶C**, as enacted by PL 1983, c. 386, §2, is amended to read:

C. A conditional license or approval may be issued by the department when the individual or agency fails to comply with applicable ~~law~~ laws and rules and, in the judgment of the commissioner, the best interest of the public would be so served by issuing a conditional license or approval. The conditional license or approval ~~shall~~ must specify when and what corrections must be made during the term of the conditional license or approval. A conditional license or approval may be issued upon initial application to an individual or agency that has failed to comply with applicable laws and rules while operating under another license.

**Sec. A-5. 22 MRSA §7852, sub-§6**, as amended by PL 2023, c. 176, §14, is further amended to read:

**6. Independent housing with services program.** "Independent housing with services program" means a program of supportive services provided to residents in private

1 apartments ~~who receive~~ that receives funds through a written agreement with the  
2 department's office of aging and disability services.

3 **Sec. A-6. 26 MRSA §683, sub-§1, ¶B**, as amended by PL 2011, c. 657, Pt. AA,  
4 §72, is repealed.

5 **Sec. A-7. 34-B MRSA §1203-A, sub-§2, ¶A**, as enacted by PL 1989, c. 227, §1,  
6 is amended to read:

7 A. The commissioner may issue a conditional license to an agency or facility applying  
8 or reapplying for a provisional or full license, if:

9 (1) The applicant fails to comply with applicable laws and rules; and

10 (2) In the judgment of the commissioner, the best interests of the public would be  
11 served by issuance of a conditional license.

12 **Sec. A-8. 34-B MRSA §1203-A, sub-§5**, as enacted by PL 1989, c. 227, §1, is  
13 amended to read:

14 **5. Monitoring for compliance.** Regardless of the term of the license, the  
15 commissioner shall monitor the licensee, at least once ~~a year~~ every 2 years, for continued  
16 compliance with applicable laws and rules.

17 **Sec. A-9. 34-B MRSA §1203-B, sub-§4, ¶A**, as enacted by PL 2023, c. 89, §7, is  
18 amended to read:

19 A. The department may issue a conditional license to an agency applying for or  
20 renewing a provisional or full license if:

21 (1) The applicant fails to comply with applicable laws and rules; and

22 (2) In the judgment of the department, the best interests of the public would be  
23 served by issuance of a conditional license.

## 24 **PART B**

25 **Sec. B-1. 22 MRSA §8752, sub-§1**, as amended by PL 2009, c. 358, §1, is further  
26 amended to read:

27 **1. Division.** "Division" means the ~~Department of Health and Human Services,~~  
28 ~~Division of Licensing and Regulatory Services~~ department's division of licensing and  
29 certification.

30 **Sec. B-2. 22 MRSA §8752, sub-§2**, as amended by PL 2011, c. 542, Pt. A, §48, is  
31 repealed and the following enacted in its place:

32 **2. Health care facility.** "Health care facility" or "facility" means a general or specialty  
33 hospital including all facilities under the hospital's license, an ambulatory surgical facility,  
34 an end-stage renal disease facility and a state institution as defined under Title 34-B,  
35 chapter 1, except that it does not include a facility licensed as a nursing facility or licensed  
36 under chapter 1664.

37 **Sec. B-3. 22 MRSA §8752, sub-§3-A**, as enacted by PL 2009, c. 358, §1, is  
38 repealed.

39 **Sec. B-4. 22 MRSA §8752, sub-§4-A**, as enacted by PL 2009, c. 358, §1, is  
40 amended to read:

1           **4-A. Sentinel event.** "Sentinel event" means:

2           A. An unanticipated death, or patient transfer to another health care facility, unrelated  
3           to the natural course of the patient's illness or underlying condition or proper treatment  
4           of that illness or underlying condition in a health care facility;

5           B. A major permanent loss of function unrelated to the natural course of the patient's  
6           illness or underlying condition or proper treatment of that illness or underlying  
7           condition in a health care facility that is present at the time of the discharge of the  
8           patient or that occurs within 48 hours of treatment. If within 2 weeks of discharge from  
9           the facility, evidence is discovered that the major loss of function was not permanent,  
10          the health care facility is not required to submit a report pursuant to section 8753,  
11          subsection 2;

12          C. An unanticipated perinatal death or major permanent loss of function in an infant  
13          with a birth weight over 2,500 grams that is unrelated to the natural course of the  
14          infant's or mother's illness or underlying condition or proper treatment of that illness  
15          or underlying condition in a health care facility; ~~and~~

16          C-1. The suicide of a patient within 48 hours of receiving health care services in a  
17          health care facility; and

18          D. Other serious and preventable events as identified by using the most recent version  
19          of a nationally recognized quality forum ~~and determined in rules adopted by the~~  
20          ~~department pursuant to section 8756.~~

21          **Sec. B-5. 22 MRSA §8753, sub-§1**, as amended by PL 2009, c. 358, §2, is repealed  
22          and the following enacted in its place:

23          **1. Notification.** Using the sentinel event notification process under this chapter, a  
24          health care facility shall notify the division of a sentinel event within 3 business days after  
25          the facility discovers that the event occurred.

26          **Sec. B-6. 22 MRSA §8753, sub-§2**, as amended by PL 2009, c. 358, §2, is further  
27          amended to read:

28          **2. Reporting Written report.** The health care facility shall file a written report no  
29          later than 45 days following the notification of the occurrence of a sentinel event pursuant  
30          to subsection 1. The written report must be signed by the chief executive officer of the  
31          facility and must contain the following information:

32               A. Facility name and address;

33               B. Name, title and phone number of the contact person for the facility;

34               C. The date and time of the sentinel event and the sentinel event case number;

35               D. The type of sentinel event and a ~~brief description~~ timeline of the sentinel event; and

36               H. A thorough and credible root cause analysis. A root cause analysis is thorough and  
37               credible only in accordance with the following.

38                       (1) A thorough root cause analysis must include: a determination of the human  
39                       and other factors most directly associated with the sentinel event and the processes  
40                       and systems related to its occurrence; an analysis of the underlying systems and  
41                       processes to determine where redesign might reduce risk; an inquiry into all areas

appropriate to the specific type of event; an identification of risk points and their potential contributions to the event; a determination of potential improvement in processes or systems that would tend to decrease the likelihood of such an event in the future or a determination, after analysis, that no such improvement opportunities exist; an action plan that identifies changes that can be implemented to reduce risks or formulates a rationale for not undertaking such changes; and, where improvement actions are planned, an identification of who is responsible for implementation, when the action will be implemented and how the effectiveness of the action will be evaluated.

(2) A credible root cause analysis must include participation by the leadership of the health care facility and by the individuals most closely involved in the processes and systems under review, is internally consistent without contradictions or unanswered questions, provides an explanation for all findings, including those identified as "not applicable" or "no problem," and includes the consideration of any relevant literature.

(3) The root cause analysis submitted to the division may exclude protected professional competence review information pursuant to the Maine Health Security Act.

**Sec. B-7. 22 MRSA §8753, sub-§4**, as amended by PL 2009, c. 358, §2, is further amended to read:

**4. Immunity.** A person who in good faith reports a ~~near miss~~, a suspected sentinel event or a sentinel event or provides a root cause analysis pursuant to this chapter is immune from any civil or criminal liability for the act of reporting or participating in the review by the division. "Good faith" does not include instances when a false report is made and the person reporting knows the report is false. This subsection may not be construed to bar civil or criminal action regarding perjury or regarding the sentinel event that led to the report.

**Sec. B-8. 22 MRSA §8753, sub-§5**, as enacted by PL 2009, c. 358, §2, is repealed.

**Sec. B-9. 22 MRSA §8754, sub-§1**, as amended by PL 2009, c. 358, §4, is further amended to read:

**1. Initial review; other action.** ~~Upon receipt of a notification or report of a sentinel event, the division shall complete an initial review and may take such other action as the division determines to be appropriate under applicable rules and within the jurisdiction of the division.~~ Upon receipt of a notification or report of a suspected sentinel event the division shall determine whether the event constitutes a sentinel event and complete an initial review and may take such other action as the division determines to be appropriate under applicable rules and within the jurisdiction of the division. The division may ~~conduct on-site reviews of request~~ medical records and may retain the services of consultants when necessary to the division.

~~A. The division may conduct on-site visits to health care facilities to determine compliance with this chapter.~~

B. Division personnel responsible for sentinel event oversight shall report to the division's licensing section only incidences of immediate jeopardy and each condition

1 of participation in the federal Medicare program related to the immediate jeopardy for  
2 which the provider is out of compliance.

3 **Sec. B-10. 22 MRSA §8754, sub-§4**, as amended by PL 2009, c. 358, §6, is further  
4 amended to read:

5 **4. Report.** The division shall submit an annual report by ~~February~~ April 1st each year  
6 to the Legislature, health care facilities and the public that includes summary data of the  
7 number and types of sentinel events of the prior calendar year by type of health care facility,  
8 rates of change and other analyses and an outline of areas to be addressed for the upcoming  
9 year.

10 **Sec. B-11. 22 MRSA §8755, sub-§1**, as enacted by PL 2009, c. 358, §7, is amended  
11 to read:

12 **1. Oversight.** The division shall place primary emphasis on ensuring effective  
13 corrective action by the facility. The division may conduct on-site visits to health care  
14 facilities to determine compliance with this chapter.

## 15 **PART C**

16 **Sec. C-1. 22 MRSA §1812-G, sub-§2-C**, as amended by PL 2023, c. 241, §7 and  
17 c. 309, §24, is repealed and the following enacted in its place:

18 **2-C. Registry notations.** The registry must include for a certified nursing assistant, a  
19 direct care worker and an immediate supervisor listed on the registry a notation of:

20 A. Disqualifying criminal convictions;

21 B. Nondisqualifying criminal convictions, except that a notation is not required on the  
22 registry for Class D and Class E criminal convictions over 10 years old that did not  
23 involve as a victim of the act a patient, client or resident; and

24 C. Substantiated findings, including but not limited to the following information:

25 (1) Documentation of an investigation of the certified nursing assistant, direct care  
26 worker or immediate supervisor, including the nature of the allegation and  
27 evidence supporting a determination that substantiates the allegation of abuse,  
28 neglect or misappropriation of property of a client, patient or resident;

29 (2) Documentation of substantiated findings of abuse, neglect or misappropriation  
30 of property of a client, patient or resident;

31 (3) If the certified nursing assistant, direct care worker or immediate supervisor  
32 appealed the substantiated finding, the date of the hearing; and

33 (4) The statement of the certified nursing assistant, direct care worker or  
34 immediate supervisor disputing the allegation of abuse, neglect or  
35 misappropriation of property of a client, patient or resident if the certified nursing  
36 assistant, direct care worker or immediate supervisor submitted such a statement.

37 **Sec. C-2. 22 MRSA §1812-G, sub-§4**, as amended by PL 2023, c. 241, §10 and  
38 c. 309, §25, is repealed and the following enacted in its place:

39 **4. Department verification of credentials and training.** The department may verify  
40 the credentials and training of certified nursing assistants listed on the registry.

1       **Sec. C-3. 22 MRSA §1812-G, sub-§4-A**, as amended by PL 2023, c. 241, §11 and  
2 c. 309, §26, is repealed and the following enacted in its place:

3       **4-A. Provider verification fee.** The department may establish a provider verification  
4 fee not to exceed \$25 annually per provider for verification of a certified nursing assistant's  
5 credentials and training. Providers may not pass the cost on to the individual certified  
6 nursing assistant. Provider verification fees collected by the department must be placed in  
7 a special revenue account to be used by the department to operate the registry, including  
8 but not limited to the cost of criminal history record checks. The department may adopt  
9 rules necessary to implement this subsection. Rules adopted pursuant to this subsection are  
10 routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

11       **Sec. C-4. 22 MRSA §1812-G, sub-§6**, as amended by PL 2023, c. 241, §13 and  
12 c. 309, §27, is repealed and the following enacted in its place:

13       **6. Prohibited employment based on disqualifying offenses.** An individual with a  
14 disqualifying offense, including a substantiated complaint or a disqualifying criminal  
15 conviction, may not work as a certified nursing assistant, a direct care worker or an  
16 immediate supervisor, and an employer is subject to penalties for employing a disqualified  
17 or otherwise ineligible person in accordance with applicable federal or state laws.

18       **Sec. C-5. 22 MRSA §1812-G, sub-§6-A**, as amended by PL 2023, c. 241, §14 and  
19 c. 309, §28, is repealed and the following enacted in its place:

20       **6-A. Background check.** Certified nursing assistants, direct care workers and  
21 immediate supervisors are subject to a background check as defined by rules adopted by  
22 the department and according to the following:

23       A. A training program for certified nursing assistants or direct care workers must  
24 secure or pay for a background check on each individual who applies for enrollment.  
25 The individual's current name and all previous names are subject to the background  
26 check. A copy of the background check is given to the individual who, upon successful  
27 completion of the training, submits it with an application to be listed on the registry as  
28 a certified nursing assistant or a registered direct care worker.

29       (1) Prior to enrolling an individual, a training program for certified nursing  
30 assistants or direct care workers must notify individuals that a background check  
31 will be conducted and that certain disqualifying offenses, including criminal  
32 convictions, may prohibit an individual from working as a certified nursing  
33 assistant or a direct care worker.

34       B. Pursuant to sections 1717, 1724, 2137, 2149-A, 7706, 8606 and 9005 and Title 34-B,  
35 section 1225, licensed, certified or registered providers shall secure and pay for a  
36 background check prior to hiring an individual who will work in direct contact with  
37 clients, patients or residents, including a certified nursing assistant, a direct care worker  
38 or an immediate supervisor.

39       C. The department may secure a background check on certified nursing assistants,  
40 registered direct care workers and immediate supervisors on the registry every 2 years.

41       D. A person or other legal entity that is not otherwise licensed by the department and  
42 that employs or places a certified nursing assistant or direct care worker to provide

1 services allowing direct access shall secure and pay for a background check in  
2 accordance with state law and rules adopted by the department.

3 **Sec. C-6. 22 MRSA §1812-G, sub-§6-B**, as repealed by PL 2023, c. 241, §15 and  
4 amended by c. 309, §29, is repealed.

5 **Sec. C-7. 22 MRSA §1812-G, sub-§6-C, ¶A**, as amended by PL 2023, c. 241,  
6 §16 and c. 309, §30, is repealed and the following enacted in its place:

7 A. A disqualifying criminal conviction prohibits employment as a certified nursing  
8 assistant or a direct access worker.

9 (1) An individual with a disqualifying criminal conviction is subject to an  
10 employment ban of 5, 10 or 30 years. The department shall adopt rules that specify  
11 disqualifying criminal convictions that prohibit employment for 5 years,  
12 disqualifying criminal convictions that prohibit employment for 10 years and  
13 disqualifying criminal convictions that prohibit employment for 30 years.

14 **Sec. C-8. 22 MRSA §1812-G, sub-§6-C, ¶B**, as amended by PL 2023, c. 241,  
15 §17 and c. 309, §30, is repealed and the following enacted in its place:

16 B. Nondisqualifying criminal convictions do not prohibit employment as a certified  
17 nursing assistant, a direct care worker or an immediate supervisor.

18 **Sec. C-9. 22 MRSA §1812-G, sub-§6-D**, as repealed by PL 2023, c. 241, §18 and  
19 amended by c. 309, §31, is repealed.

20 **Sec. C-10. 22 MRSA §1812-G, sub-§10**, as amended by PL 2023, c. 241, §20 and  
21 c. 309, §32, is repealed and the following enacted in its place:

22 **10. Complaint investigation.** The department may investigate complaints and  
23 allegations against certified nursing assistants, direct care workers or immediate  
24 supervisors of abuse, neglect, exploitation or misappropriation of property of a client,  
25 patient or resident.

26 **Sec. C-11. 22 MRSA §1812-G, sub-§13**, as amended by PL 2023, c. 241, §22 and  
27 c. 309, §34, is repealed and the following enacted in its place:

28 **13. Substantiated finding; lifetime employment ban.** A certified nursing assistant,  
29 a registered direct care worker or an immediate supervisor with a notation of a substantiated  
30 finding on the registry is banned for life from employment as a certified nursing assistant,  
31 a direct care worker or an immediate supervisor.

## 32 SUMMARY

33 This bill amends several provisions related to the licensing and regulation of various  
34 medical and social service entities by the Department of Health and Human Services.

35 Part A of the bill amends provisions related to the issuance of conditional licenses to  
36 applicants seeking licensure for a personal care agency; a facility for children and adults  
37 under the Maine Revised Statutes, Title 22, chapter 1663; the provision of mental health  
38 services; and an agency that provides services to adults with intellectual disabilities, autism  
39 spectrum disorder, a related condition or an acquired brain injury. Part A also amends the  
40 law governing licensure for the provision of mental health services to require the



1 department to monitor for compliance every 2 years, rather than once a year, regardless of  
2 the license term.

3 Part A of the bill also updates terms related to the licensing of health care facilities  
4 under Title 22, chapter 405; expands the definition of "facility" under Title 22, Subtitle 6,  
5 which concerns facilities for children and adults; clarifies the definition of "independent  
6 housing with services program" under the laws governing assisted housing facilities; and  
7 removes the requirement that the department must approve any employee assistance  
8 program for substance use.

9 Part B of the bill amends the law governing health care facility reporting of sentinel  
10 events by clarifying which health care facilities are required to comply with sentinel event  
11 reporting requirements; expanding the types of events that must be reported as sentinel  
12 events; removing the requirement to report a so-called near miss where a sentinel event  
13 almost occurred; and making other changes and clarifications with respect to the reporting  
14 and review process.

15 Part C of the bill amends the provisions of law governing the Maine Registry of  
16 Certified Nursing Assistants and Direct Care Workers to resolve conflicts created by the  
17 concurrent passage of Public Law 2023, chapter 241 and Public Law 2023, chapter 309.