

§7932. Definitions

As used in this chapter, unless the context indicates otherwise, the following terms have the following meanings. [PL 1983, c. 454 (NEW).]

1. Emergency. "Emergency" means a situation, physical condition or one or more practices, methods or operations which presents imminent danger of death or serious physical or mental harm to residents, including, but not limited to, imminent or actual abandonment of an occupied facility. [PL 1983, c. 454 (NEW).]

1-A. Client. "Client" means a person who receives services from a home health agency, personal care agency, long-term care facility, general and specialty hospital, critical access hospital, ambulatory surgical facility, hospice agency or end-stage renal disease unit. [PL 2023, c. 309, §36 (AMD).]

1-B. End-stage renal disease unit. "End-stage renal disease unit" means a facility that provides specialized services to assist individuals who have been diagnosed as having an irreversible and permanent kidney disease that requires dialysis or kidney transplantation to maintain life. [PL 1999, c. 384, §7 (NEW).]

2. Facility. "Facility" means any assisted living facility, residential care facility or assisted housing facility subject to licensure pursuant to chapters 1663 and 1664, any nursing facility or unit subject to licensure pursuant to chapter 405 and any private psychiatric hospital subject to licensure pursuant to chapter 405. [PL 2023, c. 176, §33 (AMD).]

2-A. General hospital. "General hospital" means an acute health care facility with permanent inpatient beds planned, organized, operated and maintained to offer on a continuous basis facilities and services for the diagnosis and treatment of illness, injury and deformity that has a governing board and an organized medical staff, offering a continuous 24-hour professional nursing care plan to provide continuous 24-hour emergency treatment and that includes the following services or organizational units:

- A. Administration; [PL 1999, c. 384, §9 (NEW).]
- B. Nursing services; [PL 1999, c. 384, §9 (NEW).]
- C. Emergency services; [PL 1999, c. 384, §9 (NEW).]
- D. Dietary service; [PL 1999, c. 384, §9 (NEW).]
- E. Medical record service; [PL 1999, c. 384, §9 (NEW).]
- F. Radiology service; [PL 1999, c. 384, §9 (NEW).]
- G. Pathology or clinical laboratory service; [PL 1999, c. 384, §9 (NEW).]
- H. Pharmaceutical service; [PL 1999, c. 384, §9 (NEW).]
- I. Hospital safety program; [PL 1999, c. 384, §9 (NEW).]
- J. Disaster plan; and [PL 1999, c. 384, §9 (NEW).]
- K. Inservice education. [PL 1999, c. 384, §9 (NEW).]

"General hospital" does not mean a federally controlled or state-controlled institution, a community health center, an independent outpatient diagnostic or treatment center, a doctor's office, a college infirmary or an industrial dispensary. [PL 1999, c. 384, §9 (NEW).]

3. Habitual violation. "Habitual violation" means a violation of state or federal law which, due to its repetition, presents a reasonable likelihood of serious physical or mental harm to residents.

[PL 1983, c. 454 (NEW).]

3-A. Home health care provider. "Home health care provider" means any business entity or subdivision of a business entity, whether public or private, proprietary or nonprofit, that is engaged in providing acute, restorative, rehabilitative, maintenance, preventive or health promotion services through professional nursing or another therapeutic service, such as physical therapy, home health aides, nurse assistants, medical social work, nutritionist services or personal care services, either directly or through contractual agreement, in a client's place of residence. This term does not apply to any sole practitioner providing private duty nursing services or other restorative, rehabilitative, maintenance, preventive or health promotion services in a client's place of residence or to municipal entities providing health promotion services in a client's place of residence. This term does not apply to a federally qualified health center or a rural health clinic as defined in 42 United States Code, Section 1395x, subsection (aa) (1993) that is delivering case management services or health education in a client's place of residence. Beginning October 1, 1991 "home health care provider" includes any business entity or subdivision of a business entity, whether public or private, proprietary or nonprofit, that is engaged in providing speech pathology services.

[PL 1999, c. 384, §10 (AMD).]

3-B. Hospice agency. "Hospice agency" means a public agency or private organization that is primarily engaged in providing specified services to terminally ill individuals and their families. The services provided are nursing care, physicians services, physical and speech therapy, home health aid, homemaker services, pastoral counseling, social work services, occupational therapy and dietary services in addition to bereavement counseling. The care may be provided as services to patients in institutions, as respite care, as routine home care or as continuous home care.

[PL 1999, c. 384, §11 (NEW).]

4. Licensee. "Licensee" means any person or any other legal entity, other than a receiver appointed under section 7933, who is licensed or required to be licensed to operate a facility.

[PL 1983, c. 454 (NEW).]

5. Owner. "Owner" means the holder of the title to the real estate in which the facility is maintained.

[PL 1983, c. 454 (NEW).]

5-A. Personal care agency. "Personal care agency" means an organization or other entity licensed under section 1717.

[PL 2023, c. 309, §37 (NEW).]

6. Resident. "Resident" means any person who lives in and receives services or care in a long-term care facility.

[PL 1983, c. 454 (NEW).]

7. Substantial violation. "Substantial violation" means a violation of state or federal law that presents a reasonable likelihood of serious physical or mental harm to residents or clients.

[PL 1999, c. 384, §12 (AMD).]

8. Transfer trauma. "Transfer trauma" means the combination of medical and psychological reactions to abrupt physical transfer that may increase the risk of grave illness or death.

[PL 1983, c. 454 (NEW).]

9. Ambulatory surgical facility. "Ambulatory surgical facility" means a facility with the primary purpose of providing elective surgical care to a patient who is admitted to and discharged from the facility within the same day. In order to meet this primary purpose, a facility must at least administer anesthetic agents, maintain a sterile environment in a surgical suite and share a facility fee separate from the professional license. "Ambulatory surgical facility" does not include:

A. A facility that is licensed as part of a hospital; [PL 1999, c. 384, §13 (NEW).]

B. A facility that provides services or accommodations for patients who stay overnight; [PL 1999, c. 384, §13 (NEW).]

C. A facility existing for the primary purpose of performing terminations of pregnancies; or [PL 1999, c. 384, §13 (NEW).]

D. The private office of a physician or dentist in individual or group practice, unless the office is certified as a Medicare ambulatory surgical center. [PL 1999, c. 384, §13 (NEW).]
[PL 1999, c. 384, §13 (NEW).]

10. Critical access hospital. "Critical access hospital" means a hospital that must first be designated and approved by the State, as long as the State also has established an approved rural hospital flexibility program, and that meets the conditions in effect on March 1, 2004 for critical access hospital status under the federal Medicare program. In addition, it must also:

A. [PL 2003, c. 673, Pt. HH, §2 (RP).]

B. Have a Medicare participation agreement as a hospital and be in compliance with the Medicare hospital conditions of participation when applying to become a critical access hospital; [PL 2003, c. 673, Pt. HH, §2 (AMD).]

C. Be certified by the State prior to January 1, 2006 as being a necessary provider of health care services to residents in the area or be located more than a 35-mile drive from any other hospital or critical access hospital. In mountainous terrain or in areas with only secondary roads, the mileage criterion is 15 miles; [PL 2003, c. 673, Pt. HH, §2 (AMD).]

D. Provide not more than 25 beds for acute hospital-level inpatient care:

(1) Except that a swing-bed facility is allowed to have up to 25 inpatient beds that can be used interchangeably for acute or skilled nursing facility care; and

(2) In addition to the 25-bed limit for acute inpatient care, a hospital may have distinct parts with 10 or fewer psychiatric inpatient beds or 10 or fewer inpatient rehabilitation beds, or both; and [PL 2003, c. 673, Pt. HH, §2 (AMD).]

E. Agree to provide inpatient care for a period that does not exceed, as determined on an annual average basis, 96 hours per patient. [PL 2003, c. 673, Pt. HH, §2 (AMD).]

F. [PL 2003, c. 673, Pt. HH, §2 (RP).]

[PL 2003, c. 673, Pt. HH, §2 (AMD).]

SECTION HISTORY

PL 1983, c. 454 (NEW). PL 1985, c. 770, §16 (AMD). PL 1995, c. 620, §5 (AMD). PL 1997, c. 610, §1 (AMD). PL 1999, c. 99, §1 (AMD). PL 1999, c. 384, §§6-13 (AMD). PL 2001, c. 596, §B15 (AMD). PL 2001, c. 596, §B25 (AFF). PL 2003, c. 673, §HH2 (AMD). PL 2023, c. 176, §33 (AMD). PL 2023, c. 309, §§36, 37 (AMD).

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