

OFFICE OF POLICY AND LEGAL ANALYSIS

Date: March 23, 2021
To: Joint Standing Committee on Health & Human Services
From: Anna Broome, Legislative Analyst

LD 578 Resolve, Regarding Legislative Review of Portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Infection Prevention and Control, a Major Substantive Rule of the Department of Health and Human Services, Division of Licensing and Certification (emergency)

SUMMARY: This resolve provides for legislative review of portions of Chapter 113: Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Infection Prevention and Control, a major substantive rule of the Department of Health and Human Services, division of licensing and certification. (Filed on time.)

- Facility must establish, implement and maintain an Infection Prevention and Control Plan (IPCP) to control the transmission of infectious diseases among residents, staff, visitors and others providing services.
- Facility must employ or contract with a person with certification or training in IPC to oversee the development and implementation of the ICPC. Content areas must include standard precautions, transmission-based precautions, respiratory protection; and use of PPE.
- Must develop a written ICPC. Must include a risk assessment and overall program review; review an update the plan annually or whenever there is a change that requires a substantial modification; updated to reflect current Maine and federal CDC standards.
- ICPC must include policies and procedures for the prevention of the spread of any infectious disease.
- Facility must implement any recommendations of the Maine CDC.
- Facility must provide education on IPC to all staff at hire. Training must include: standard hygiene precautions, cleaning and disinfection, transmission-based precautions, and sharps/infection safety, documentation of training in personnel files, refresher courses during an outbreak, copy of curriculum used.

ISSUES FROM TESTIMONY:

- Applies to 950 licensed facilities; 100-150 are “small businesses” as defined in APA (<20 employees). OADS, DLC and CDC worked with LTCOP (required by 22 MRSA §7853, sub-§1); LTCOP did infection control surveys. Similar provisions for nursing facilities (routine technical rules).
- Questions about training requirements – not a goal to have an infectious disease specialist; training resources online. Plans are tailored to facilities. OADS has a free consultant process (with CRF money) to defray costs – 896 sites have used it.
- Concerns: Requirement for all employees to have transmission-based precautions training at time of hire – more appropriate to require during an outbreak; specify how long must curriculum be retained; “must” implement recs of CDC – want room for interpretation; cost of training is an unfunded mandate.

DRAFTING ISSUES:

- Department requested that the rule take effect immediately upon filing with SoS. (Otherwise, effective 30 days after filing with SoS.)

ADDITIONAL INFORMATION REQUESTED BY COMMITTEE:

- How often is training required and for which staff? Rule states that education is provided on hire and refresher courses to all employees with an outbreak of an infectious disease.

FISCAL IMPACT:

OFPR preliminary fiscal impact statement: no fiscal impact. No fiscal note needed.