

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

SECOND SPECIAL SESSION
June 19, 2018 to September 13, 2018

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 13, 2018

ONE HUNDRED AND TWENTY-NINTH LEGISLATURE

FIRST REGULAR SESSION
December 5, 2018 to June 20, 2019

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 19, 2019

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2019

grams and public and private health insurance assistance programs.

2. Consumer assistance program services. The services provided by the consumer assistance program may include:

A. Assisting consumers with filing complaints and appeals with a group health plan, health insurance carrier or independent review organization and providing information about the internal and external appeal and grievance processes of a group health plan, health insurance carrier or independent review organization;

B. Collecting, tracking and quantifying inquiries regarding health insurance and problems encountered by consumers;

C. Educating consumers on their rights and responsibilities with respect to health insurance coverage;

D. Assisting consumers with obtaining health insurance coverage by providing information, referrals or other assistance;

E. Assisting with obtaining federal health insurance premium tax credits under Section 36B of the United States Internal Revenue Code of 1986, as amended; and

F. Providing information to the public about the services of the consumer assistance program through a comprehensive outreach program and a toll-free telephone number.

3. Contract for operation. The Attorney General shall contract with a nonprofit, independent health insurance consumer assistance entity, which may not be an insurer, to operate the consumer assistance program.

4. Report. The operator of the consumer assistance program shall report to the Attorney General, according to the requirements of the contract under subsection 1, on aggregate data relevant to the services provided by and activities of the consumer assistance program, and annually, by January 15th, the Attorney General shall report to the joint standing committee of the Legislature having jurisdiction over health insurance matters on the aggregate data.

Sec. 2. Transfers from available fiscal year 2019-20 and fiscal year 2020-21 Department of Professional and Financial Regulation Other Special Revenue Funds balances to the Department of the Attorney General. Notwithstanding any provision of law to the contrary, on October 1, 2019 and on July 1, 2020 the State Controllor shall transfer \$200,000 from available balances in the Bureau of Insurance Other Special Revenue Funds account within the Department of Professional and

Financial Regulation to the Department of the Attorney General.

Sec. 3. Appropriations and allocations. The following appropriations and allocations are made.

ATTORNEY GENERAL, DEPARTMENT OF THE

Administration - Attorney General 0310

Initiative: Provides allocations for the Attorney General to contract with a designated, nonprofit and independent health insurance consumer assistance entity to operate the Health Insurance Consumer Assistance Program.

OTHER SPECIAL REVENUE FUNDS	2019-20	2020-21
All Other	\$200,000	\$200,000
OTHER SPECIAL REVENUE FUNDS TOTAL	\$200,000	\$200,000

See title page for effective date.

CHAPTER 523

S.P. 397 - L.D. 1277

An Act To Require the Director of the Maine Center for Disease Control and Prevention To Be Credentialed

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

Sec. 1. 22 MRSA §20 is enacted to read:

§20. Director of Maine Center for Disease Control and Prevention

1. Qualifications. The Director of the Maine Center for Disease Control and Prevention, referred to in this section as "the director," must have demonstrated experience in administration of public health or clinical medicine and:

A. Be licensed, or eligible for licensure, as a physician under Title 32, chapter 36 or 48 or as an advanced practice registered nurse under Title 32, chapter 31; or

B. Have a degree in public health from an accredited school of public health or any equivalent combination of education and experience in public health.

2. Annual report. The director shall report annually to the joint standing committee of the Legislature having jurisdiction over health and human services matters on:

A. Challenges and threats to the health of the residents of the State; and

B. The ways in which the Maine Center for Disease Control and Prevention has responded to those challenges and threats and has aided in keeping the residents of the State healthy and safe.

See title page for effective date.

CHAPTER 524

S.P. 472 - L.D. 1523

An Act To Ensure the Quality of and Increase Access to Recovery Residences

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

Sec. 1. 5 MRSA §20001, as amended by PL 2017, c. 407, Pt. A, §10, is further amended to read:

§20001. Title

This chapter may be known and cited as the "Maine Substance Use Disorder Prevention ~~and~~ Treatment and Recovery Act."

Sec. 2. 5 MRSA §20002, sub-§1, as amended by PL 2017, c. 407, Pt. A, §11, is further amended to read:

1. Integrated and comprehensive approach. To adopt an integrated approach to the problem of substance use disorder and to focus all the varied resources of the State on developing a comprehensive and effective range of substance use disorder prevention ~~and~~ treatment ~~and~~ recovery activities and services;

Sec. 3. 5 MRSA §20002, sub-§2, as amended by PL 2017, c. 407, Pt. A, §12, is further amended to read:

2. Coordination of activities and services. To establish within the Department of Health and Human Services the responsibility for planning, developing, implementing, coordinating and evaluating all of the State's substance use disorder prevention ~~and~~ treatment ~~and~~ recovery activities and services;

Sec. 4. 5 MRSA §20003, sub-§17-B is enacted to read:

17-B. Person recovering from substance use disorder. "Person recovering from substance use disorder" means a person with substance use disorder who is engaged in a process attempting to improve the person's health and wellness, live a self-directed life and reach the person's full potential.

Sec. 5. 5 MRSA §20003, sub-§19-A, as enacted by PL 2017, c. 460, Pt. G, §4, is amended to read:

19-A. Recovery support services. "Recovery support services" means services that recognize recovery is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential, including, but not limited to, safe housing, transportation, peer mentoring and coaching and assistance with and access to employment services. "Recovery support services" may include services provided in an integrated medication-assisted treatment setting ~~or~~ in a separate facility that is staffed by individuals in recovery and that provides services such as mentoring, education and resource provision or in a recovery residence.

Sec. 6. 5 MRSA §20003, sub-§§19-C and 19-D are enacted to read:

19-C. Recovery. "Recovery," as it pertains to substance use disorder, means a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.

19-D. Recovery residence. "Recovery residence" means a shared living residence for persons recovering from substance use disorder that is focused on peer support, provides to its residents an environment free of alcohol and illegal drugs and assists its residents by connecting the residents to support services or resources in the community that are available to persons recovering from substance use disorder.

Sec. 7. 5 MRSA §20005, sub-§1, as amended by PL 2017, c. 407, Pt. A, §25, is further amended to read:

1. State Government. Establish the overall plans, policies, objectives and priorities for all state substance use disorder prevention ~~and~~ treatment ~~and~~ recovery functions, except the prevention of drug traffic and the State Employee Assistance Program established pursuant to Title 22, chapter 254-A;

Sec. 8. 5 MRSA §20005, sub-§5, as amended by PL 2017, c. 407, Pt. A, §25, is further amended to read:

5. Budget. Develop and submit to the Legislature by January 15th of the first year of each legislative biennium recommendations for continuing and supplemental allocations, deappropriations or reduced allocations and appropriations from all funding sources for all state substance use disorder programs. The department shall make final recommendations to the Governor before any substance use disorder funds are appropriated or deappropriated in the Governor's proposed budget. The department shall formulate all budgetary recommendations for the Driver Education and Evaluation Programs with the advice, consultation