

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**  
**ONE HUNDRED AND SEVENTEENTH LEGISLATURE**

**FIRST SPECIAL SESSION**  
**November 28, 1995 to December 1, 1995**

**SECOND REGULAR SESSION**  
**January 3, 1996 to April 4, 1996**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**JULY 4, 1996**

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

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**J.S. McCarthy Company**  
**Augusta, Maine**  
**1995**

**5. Creditworthiness records.** Any record, including any financial statement or tax return obtained or developed by the commissioner or the State Tax Assessor, containing an assessment by a person not employed by the State of the creditworthiness or financial condition of any person or project; and

**6. Confidential financial statements.** Any financial statement, if the person to whom the statement belongs or pertains has requested that the record be designated confidential.

#### **§6761. Audit process**

This chapter may not be construed to limit the authority of the State Tax Assessor to conduct an audit of a qualified business. When it is determined by the State Tax Assessor upon audit that a qualified business has received a distribution larger than that to which it is entitled under this chapter, the overpayment must be applied against subsequent distributions, unless it is determined that the overpayment is the result of fraud on the part of the qualified business, in which case the State Tax Assessor may disqualify the business from receiving any future distributions. When there is no subsequent distribution, the qualified business to which overpayments were made is liable for the amount of the overpayments and may be assessed pursuant to provisions of Part 1.

See title page for effective date.

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## **CHAPTER 670**

**S.P. 731 - L.D. 1835**

### **An Act to Provide for Assisted Living Services**

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

#### **PART A**

**Sec. A-1. 21-A MRSA §751, sub-§7,** as amended by PL 1991, c. 466, §24, is further amended to read:

**7. Residence in certain facilities.** Resident of Residence in a licensed nursing home, as defined in Title 22, chapter 405, licensed boarding home, as defined in Title 22, chapter 1665, or certified congregate housing unit, as defined in Title 22, chapter ~~1457-A~~, 1665. Residents of those facilities may cast absentee ballots only when the clerk is present;

**Sec. A-2. 21-A MRSA §753, sub-§3-A,** as amended by PL 1991, c. 862, §6, is further amended to read:

**3-A. Alternate method of balloting by residents of licensed nursing homes, licensed boarding homes or certified congregate housing units.** The municipal clerk shall designate one or more times during the 30-day period prior to an election during which the municipal clerk must be present in any licensed nursing home, as defined in Title 22, chapter 405; licensed boarding home, as defined in Title 22, chapter 1665; or certified congregate housing unit, as defined in Title 22, chapter ~~1457-A~~ 1665, for the purpose of absentee balloting by the residents of these homes or units. The clerk shall designate which areas in these facilities constitute the voting place, the voting booth and the guardrail enclosure. Sections 681 and 682 apply to voting in these facilities within the areas designated by the clerk.

**Sec. A-3. 22 MRSA c. 1457-A,** as amended, is repealed.

**Sec. A-4. 22 MRSA c. 1665** is amended by repealing the chapter headnote and enacting the following in its place:

#### **CHAPTER 1665**

#### **ASSISTED LIVING PROGRAMS**

**Sec. A-5. 22 MRSA §7901-A,** as amended by PL 1993, c. 661, §7, is repealed.

**Sec. A-6. 22 MRSA §§7901-B and 7901-C** are enacted to read:

#### **§7901-B. Assisted living programs and services authorized**

Assisted living programs and services are authorized under this chapter subject to the following standards and in the following settings.

**1. Standards.** Assisted living programs further the independence of the resident and respect the privacy and personal choices of the resident, including the choice to continue to reside at home as the resident ages, except when that choice would pose a direct threat to the health or safety of other individuals or would result in substantial physical damage to the property of others. Assisted living services provided to residents must be consumer oriented and meet professional standards of quality.

**2. Settings.** Assisted living services programs may be provided in the following settings:

A. Congregate housing operating under this chapter. A congregate housing program providing assisted living services may operate

under the following licensing requirements for models of assisted living.

(1) A license is not required for providers operating congregate housing.

(2) A license is optional for providers operating congregate housing with personal care assistance.

(3) A license is required for providers operating congregate housing with personal care assistance and administration of medication.

(4) A license is required for providers operating congregate housing with nursing services including personal care assistance and administration of medication; and

B. Residential care facilities licensed under chapter 1663.

### **§7901-C. Definitions**

As used in this subtitle, unless the context otherwise indicates, the following terms have the following meanings.

**1. Activities of daily living.** "Activities of daily living" means tasks routinely performed by a person to maintain bodily functions, including bed mobility, transfers, dressing, eating, toileting, bathing and personal hygiene.

**2. Assisted living services.** "Assisted living services" means the provision by a single entity of housing and assistance with activities of daily living and instrumental activities of daily living. "Assisted living services" may include personal supervision, protection from environmental hazards, diet care, supervision and assistance in the administration of medications, diversional or motivational activities, assistance in activities of daily living or physical exercise and nursing services. Assisted living services must be provided by the provider of housing either directly by that provider or indirectly through contracts with persons, entities or agencies.

**3. Congregate housing.** "Congregate housing" means residential housing that consists of private dwelling units with an individual bathroom and an individual food preparation area, in addition to central dining facilities, and within which a congregate housing supportive services program serves occupants.

**4. Congregate housing services program.** "Congregate housing services program" means a comprehensive program of supportive services, including meals, housekeeping and chore assistance, case management and other services that are delivered

on the site of congregate housing and assist occupants to manage the activities of daily living and the instrumental activities of daily living. Congregate housing services may also include personal care assistance, with or without supervision, assistance in the administration of medication and nursing services subject to the licensing requirements of chapter 1663.

**5. Instrumental activities of daily living.** "Instrumental activities of daily living" include but are not limited to meal preparation, taking medication, using the telephone, handling finances, banking and shopping, light housekeeping, heavy housekeeping and getting to appointments.

**6. Long-term care facility.** "Long-term care facility" means any program of assisted living licensed pursuant to chapters 1663 and 1665 and any nursing facility or unit licensed pursuant to chapter 405.

**7. Mobile nonambulatory.** "Mobile nonambulatory," as applied to a resident of a residential care facility, means being able to transfer independently and able to evacuate a facility in less than 2 1/2 minutes with the assistance of another person throughout the evacuation procedure.

**8. Nursing services.** "Nursing services" means services provided by professional nurses licensed pursuant to Title 32, section 2102, subsection 2, including personal care assistance and administration of medication. For the purposes of this subtitle, "nursing services" includes coordination and oversight of resident care services provided by unlicensed health care assistive personnel in group residential settings consisting of private apartments.

**9. Personal care assistance.** "Personal care assistance" means services provided in group residential settings consisting of private apartments including assistance with the activities of daily living and the instrumental activities of daily living and supervision of residents self-administering medication. "Personal care assistance" does not include the administration of medication.

**10. Personal care assistance with administration of medication.** "Personal care assistance with administration of medication" means personal care assistance that includes the administration of medication to the resident by provider staff.

**11. Private apartment.** "Private apartment" means a private dwelling unit with an individual bathroom and an individual food preparation area.

**12. Resident of residential care facility.** "Resident of residential care facility" means any person 18 years of age or older who is not related by blood or marriage to the owner or person in charge of

the facility in which the resident lives and receives assisted living services.

**13. Residential care.** "Residential care" means care that is greater than that necessarily attendant upon mere eating and lodging services but is less than that attendant upon nursing home care or hospital care. "Residential care" may include personal supervision, protection from environmental hazards, diet care, care concerning grooming, hand and foot care, skin care, mouth and teeth care, shampooing, bathing, assistance in ambulation, supervision and assistance in the administration of medications, diversional or motivational activities, stimulation of or assistance in activities of daily living or physical exercise and limited nursing services.

**14. Residential care facility.** "Residential care facility" means a house or other place that, for consideration, is maintained wholly or partly for the purpose of providing residents with assisted living services as defined in subsection 2. A "residential care facility" includes, but is not limited to, facilities formerly defined and regulated as adult foster care homes and boarding homes under former section 7901-A and adult family care homes regulated under this chapter. "Residential care facility" does not include a licensed nursing home, a supported living arrangement certified by the Department of Mental Health and Mental Retardation or congregate housing.

**15. Shared staffing.** "Shared staffing" means the use of licensed and unlicensed personnel who are employed, directly or under a contract, by a long-term care facility in more than one level of care provided by a single entity on the same premises.

**Sec. A-7. 22 MRSA §7902,** as amended by PL 1993, c. 661, §8, is repealed.

**Sec. A-8. 22 MRSA §7902-A** is enacted to read:

**§7902-A. Rules**

The commissioner shall adopt rules for assisted living services programs pursuant to Title 5, chapter 375, subchapter II-A. Rules adopted pursuant to this section are major substantive rules.

**1. Consultation.** The rules must be developed in consultation with the long-term care ombudsman program, consumer representatives and providers of the type of assisted living services program to which the rules will apply.

**2. Subject matter.** The rules must include but are not limited to administration, quality of care and treatment, if applicable, level and qualifications of staff, rights of residents, contracts, administration of medication, available public and private sources of

payment, health and safety of residents and staff, community relations and licensing procedures.

**3. Administration of medication rules.** In adopting the rules for administration of medication, the commissioner shall consider, among other factors, the general health of the persons likely to receive medication, and the numbers of persons served and employed by the facility. The department may require unlicensed personnel to have successfully completed a program of training and instruction, approved by the department for the administration of medication, that is not limited to in-service training.

**4. Residential care rules.** The commissioner shall adopt rules for the various levels of residential care facilities. In addition to the subject matter of the rules listed in subsection 2, the rules must include criteria for placement of residents who are 17 years of age or older and under 18 years of age.

**5. Congregate housing rules.** The commissioner shall adopt rules for the various types of congregate housing services programs. In addition to the subject matter of rules listed in subsection 2, the rules must recognize and promote the efficiencies inherent in providing services in a congregate setting with respect to staffing and other responsibilities, while ensuring quality of care and safety. The rules must set requirements and standards for services rendered in congregate settings that recognize the differences between those settings and private homes served pursuant to chapter 419. The rules must permit staff in congregate housing services programs to be shared in accordance with section 1812-C, subsection 6-A and section 7914.

**Sec. A-9. 22 MRSA §7903,** as amended by PL 1993, c. 661, §9, is repealed and the following enacted in its place:

**§7903. Fees for licensure**

The department shall charge annual fees for licensure of residential care facilities and congregate housing services programs as follows:

**1. Fees for residential care.** Ten dollars per licensed bed for residential care facilities; and

**2. Fees for congregate housing services programs.** Fees to be licensed as congregate housing services programs are as follows:

A. To provide personal care assistance, \$50;

B. To provide personal care assistance with administration of medication, \$100; and

C. To provide nursing services, \$200.

**Sec. A-10. 22 MRSA §7904-A**, as amended by PL 1993, c. 661, §10, is amended by repealing the section headnote and enacting the following in its place:

**§7904-A. Fire safety inspection for residential care facilities**

**Sec. A-11. 22 MRSA §7904-B** is enacted to read:

**§7904-B. Fire safety inspection for congregate housing services facilities**

In accordance with this section, the department shall adopt rules pursuant to Title 5, chapter 375 for the inspection of licensed congregate housing facilities by the Office of the State Fire Marshal and the fees for that inspection. Rules regarding fees adopted pursuant to this section are major substantive rules as defined by Title 5, chapter 375, subchapter II-A.

**1. Permits; inspection.** Construction and renovation of congregate housing facilities requires a construction permit from the Office of the State Fire Marshal. Prior to licensure all congregate housing facilities must be inspected by the Office of the State Fire Marshal at the request of the department. All licensed congregate housing facilities must be inspected upon performing renovations and must be reinspected every 2 years.

**2. Certificate of compliance.** The Office of the State Fire Marshal shall issue a certificate of compliance to the department.

**3. Requirements.** All licensed congregate housing facilities must be inspected using Chapter 18, New Apartment Buildings, of the National Fire Protection Association Life Safety Code 101, 1994 edition and must be protected throughout by an approved, supervised, automatic sprinkler system.

**Sec. A-12. 22 MRSA §§7914 and 7915** are enacted to read:

**§7914. Shared staffing**

The department shall permit staff in residential care facilities to be shared with other levels of assisted living on the same premises as long as there is a clear, documented audit trail and the staffing in the residential care facilities remains adequate to meet the needs of residents. Staffing to be shared may be based on the average number of hours used per week or month within the assisted living program.

**§7915. Administration of congregate housing services programs funded by the State; eligible clients**

The Department of Human Services, Bureau of Elder and Adult Services, with advice from the Maine State Housing Authority, the Rural Housing Services or any other housing agency financing the congregate housing facility, shall administer state-funded congregate housing services programs. Administration must include, but is not limited to:

**1. Rules; operation of congregate housing services programs.** Adopting rules governing the operation of congregate housing services programs. Rules adopted pursuant to this section are major substantive rules as defined by Title 5, chapter 375, subchapter II-A;

**2. Compliance with standards and guidelines.** Reviewing the compliance of congregate housing services programs with standards and guidelines established for the program; and

**3. Awarding of grants.** Awarding of grants, when available and necessary, to subsidize the cost of congregate housing services programs for eligible clients.

For the purposes of this subsection, "eligible clients" means adults who have been determined through an approved assessment by the department to be functionally or cognitively impaired and in need of financial assistance to access congregate housing services.

**PART B**

**Sec. B-1. 22 MRSA §1812-C, sub-§6-A** is enacted to read:

**6-A. Shared staffing.** The department shall permit staff in nursing facilities to be shared with other levels of assisted living on the same premises as long as there is a clear, documented audit trail and the staffing in the nursing facilities remains adequate to meet the needs of residents. Staffing to be shared may be based on the average number of hours used per week or month within the assisted living program.

**Sec. B-2. 22 MRSA §1812-G, sub-§3**, as enacted by PL 1991, c. 421, §1, is amended to read:

**3. Eligibility requirements for listing.** The State Board of Nursing shall adopt rules pursuant to the Maine Administrative Procedure Act defining eligibility requirements for listing on the Maine Registry of Certified Nursing Assistants, including rules regarding temporary listing of nursing assistants who have received training in another jurisdiction. ~~The board shall submit a report of the adopted rules to the joint standing committee of the Legislature having jurisdiction over business legislation matters by January 15, 1992.~~ The rules must permit nursing assistants to work under the supervision of a registered

professional nurse in a facility providing assisted living services as defined in chapter 1665 and must recognize work in those facilities for the purpose of qualifying for and continuing listing on the registry. Rules adopted regarding the work of nursing assistants in facilities providing assisted living services are routine technical rules as defined by Title 5, chapter 375, subchapter II-A.

**Sec. B-3. 22 MRSA §5107-A, first ¶,** as amended by PL 1993, c. 284, §1, is further amended to read:

In accordance with the program established pursuant to section 5106, subsection 11-C, the ombudsman may enter onto the premises of any boarding residential care facility, as defined in section 7901-C, licensed according to section 7801, any assisted living facility licensed pursuant to chapter 1663 or 1665 and any nursing home facility licensed according to section 1817 to investigate complaints concerning those facilities or to perform any other functions authorized by this section or other applicable law or rules. The ombudsman shall investigate complaints received on behalf of individuals receiving long-term care services provided by home-based care programs, the Medicaid waiver program, licensed home health agencies, assisted living services providers, certified homemaker agencies and licensed adult day care agencies. To carry out this function, any staff member or volunteer authorized by the ombudsman may enter onto the premises of any adult foster residential care facility, boarding care assisted living facility or nursing home facility during the course of an investigation, speak privately with any individual in the facility or home who consents to the conversation and inspect and copy all records pertaining to a resident as long as the resident or the legal representative of the resident consents in writing to that inspection. The consent, when required and not obtainable in writing, may be conveyed orally or otherwise to the staff of the facility or home. When a resident is not competent to grant consent and has no legal representative, the ombudsman may inspect the resident's records and may make copies without the written consent of a duly appointed legal representative. The ombudsman may authorize as many individuals as necessary, in addition to staff, to carry out this function except that these individuals may not make copies of confidential client information. Appropriate identification must be issued to all such persons. In accordance with the federal 1987 Older Americans Act, 42 United States Code, as amended, a person may not serve as an ombudsman without training as to the rights and responsibilities of an ombudsman or without a specific plan of action under direction of the ombudsman. The ombudsman shall renew the authorization and issue identification annually. The findings of the

ombudsman must be available to the public upon request.

**Sec. B-4. 22 MRSA §5107-A, last ¶,** as enacted by PL 1991, c. 622, Pt. QQ, §2, is amended to read:

Any person, official or institution that in good faith participates in the registering of a complaint pursuant to this section or in good faith investigates that complaint or provides access to those persons carrying out the investigation about an act or practice in any boarding residential care facility licensed according to section 5154 or 7801, any assisted living facility or program or any nursing home facility licensed according to section 1817 or that participates in a judicial proceeding resulting from that complaint is immune from any civil or criminal liability that otherwise might result from these actions. For the purpose of any civil or criminal proceedings, there is a rebuttable presumption that any person acting pursuant to this section did so in good faith.

**Sec. B-5. 22 MRSA §7801, sub-§1, ¶A-1** is enacted to read:

A-1. In accordance with subparagraphs (1) and (2), a congregate housing services program either directly or by contract providing to its residents any of the following services: personal care assistance, the administration of medication or nursing services.

(1) A congregate housing services program may directly provide to its residents meals, housekeeping and chore assistance, case management and personal care assistance delivered on the site of congregate housing without obtaining a separate license to do so.

(2) A congregate housing services program licensee may hold at any one time only one license under section 7901-B, subsection 2. A qualified congregate housing services program may obtain a license for a different category under section 7901-B, subsection 2, upon application and surrender of the previous license;

**Sec. B-6. 22 MRSA §7802, sub-§1, ¶E,** as enacted by PL 1993, c. 661, §5, is amended to read:

E. A 2-year full license may be issued by the department when an individual or agency is licensed as a residential care facility for one or 2 adults or a congregate housing services program as long as it has relatively deficiency free surveys with is in substantial compliance with licensing rules and has no history of health or safety violations.

**Sec. B-7. 22 MRSA §7922, sub-§1**, as amended by PL 1993, c. 661, §20, is further amended to read:

**1. Long-term care facility.** "Long-term care facility" means any residential care facility with more than 5 residents program of assisted living licensed pursuant to chapters 1663 and 1665, and any skilled nursing or intermediate care facility or unit licensed pursuant to chapter 405.

### PART C

**Sec. C-1. 22 MRSA §2053, sub-§2-C**, as enacted by PL 1995, c. 362, §1, is repealed.

**Sec. C-2. 22 MRSA §2053, sub-§3-A**, as amended by PL 1995, c. 452, §1, is further amended to read:

**3-A. Health care facility.** "Health care facility" means a nursing home that is, or will be upon completion, licensed under chapter 405; a residential care facility that is, or will be upon completion, licensed under chapter 1663; a continuing care retirement community that is, or will be upon completion, licensed under Title 24-A, chapter 73; an assisted living facility that is, or will be upon completion, licensed under chapter 1665; a hospital; a community mental health facility; or a community health center.

**Sec. C-3. 22 MRSA §2053, sub-§5**, as amended by PL 1995, c. 362, §2, is further amended to read:

**5. Participating health care facility.** "Participating health care facility" means a health care or ~~congregate housing~~ licensed assisted living facility that, pursuant to this chapter, undertakes the financing and construction or acquisition of a project or undertakes the refunding or refinancing of existing indebtedness as provided in and permitted by this chapter.

**Sec. C-4. 32 MRSA §2102, sub-§2, ¶F**, as amended by PL 1993, c. 600, Pt. A, §110, is further amended to read:

F. Administration of medications and treatment as prescribed by a legally authorized individual. Nothing in this section may be construed as limiting the administration of medication by licensed or unlicensed personnel as provided in other laws; ~~and~~

**Sec. C-5. 32 MRSA §2102, sub-§2, ¶G**, as enacted by PL 1985, c. 724, §2, is amended to read:

G. Teaching activities of daily living to care providers designated by the patient and family; and

**Sec. C-6. 32 MRSA §2102, sub-§2, ¶H** is enacted to read:

H. Coordination and oversight of patient care services provided by unlicensed health care assistive personnel. Nothing in this paragraph prohibits a nurse in the exercise of professional judgment from refusing to provide such coordination and oversight in any care setting. The board shall adopt, pursuant to Title 5, chapter 375, subchapter II-A, major substantive rules for the application of this paragraph to nursing practice.

### PART D

**Sec. D-1. Report of the Commissioner of Human Services.** The Commissioner of Human Services shall review the laws and rules on residential care facilities, assisted living programs and long-term care in consultation with providers of residential care, assisted living services and long-term care and consumer representatives. The review must include consideration of the requirements and restrictions of asset and income treatment and transfer and spousal support. In the review, the commissioner shall consider the report due to the joint standing committee having jurisdiction over human resource matters by October 1, 1996 from the commissioner, the Commissioner of Mental Health and Mental Retardation and the State Board of Nursing. By January 1, 1997 the commissioner shall report to the joint standing committee of the Legislature having jurisdiction over human resource matters with the recommendations of the Department of Human Services and any legislation necessary to implement those recommendations.

**Sec. D-2. Report of the Commissioner of Human Services, the Commissioner of Mental Health and Mental Retardation and the State Board of Nursing.** By October 1, 1996 the Commissioner of Human Services, the Commissioner of Mental Health and Mental Retardation and the State Board of Nursing shall report to the joint standing committee of the Legislature having jurisdiction over human resource matters on recommendations for standardization of educational courses and utilization of unlicensed assistive personnel who administer medications in long-term care facilities as defined in the Maine Revised Statutes, Title 22, section 7901-C.

**Sec. D-3. Residential care case mix reimbursement.** By January 1, 1997, the Department of Human Services shall report to the joint standing committee of the Legislature having jurisdiction over human resources matters on the case mix reimbursement system and the plans of the department to institute case mix reimbursement in residential care facilities. The Department of Human



Services may not institute case mix reimbursement for residential care facilities prior to July 1, 1997.

**Sec. D-4. Allocation.** The following funds are allocated from Other Special Revenue to carry out the purposes of this Part.

1996-97

**HUMAN SERVICES,  
DEPARTMENT OF**

**Bureau of Elder and Adult  
Services**

All Other \$3,250

Allocates funds to support the costs associated with licensing assisted living services programs.

**Sec. D-5. Effective dates.** Sections 1, 2 and 3 of this Part take effect July 15, 1996. Those sections of this Act that repeal the Maine Revised Statutes, Title 22, section 5155 and enact section 7904-B take effect October 1, 1996. The remainder of this Act takes effect January 1, 1997.

Effective January 1, 1997, unless otherwise indicated.

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**CHAPTER 671**

**H.P. 1351 - L.D. 1852**

**An Act to Establish the Board of  
Complementary Health Care  
Providers and to Regulate the  
Practice of Naturopathic Medicine**

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

**Sec. 1. 3 MRSA §959, sub-§1, ¶C,** as enacted by PL 1995, c. 488, §2, is amended by repealing subparagraph (46).

**Sec. 2. 3 MRSA §959, sub-§1, ¶C,** as enacted by PL 1995, c. 488, §2, is amended by amending subparagraphs (47) and (48) to read:

(47) Board of Licensing of Auctioneers in 2005; ~~and~~

(48) Board of Licensing of Dietetic Practice in 2005-; ~~and~~

**Sec. 3. 3 MRSA §959, sub-§1, ¶C,** as enacted by PL 1995, c. 488, §2, is amended by enacting a new subparagraph (49) to read:

(49) Board of Complementary Health Care Providers in 2007.

**Sec. 4. 5 MRSA §12004-A, sub-§3,** as enacted by PL 1987, c. 786, §5, is repealed.

**Sec. 5. 5 MRSA §12004-A, sub-§8-A** is enacted to read:

8-A. Board of Expenses 32 MRSA  
Complementary Only §12502  
Health Care  
Providers

**Sec. 6. 10 MRSA §8001, sub-§38, ¶B,** as enacted by PL 1995, c. 397, §11, is repealed.

**Sec. 7. 10 MRSA §8001, sub-§38, ¶H-1** is enacted to read:

H-1. Board of Complementary Health Care Providers:

**Sec. 8. 24 MRSA §2320-B,** as enacted by PL 1991, c. 647, §1, is amended to read:

**§2320-B. Acupuncture services**

All individual and group nonprofit medical services plan contracts and all nonprofit health care plan contracts providing coverage for acupuncture must provide coverage for those services when performed by an acupuncturist licensed pursuant to Title 32, chapter ~~443-A~~ 113-B, subchapter II, under the same conditions that apply to the services of a licensed physician.

**Sec. 9. 24-A MRSA §2745-B,** as enacted by PL 1991, c. 647, §2, is amended to read:

**§2745-B. Acupuncture services**

All individual insurance policies providing coverage for acupuncture must provide coverage for those services when performed by an acupuncturist licensed pursuant to Title 32, chapter ~~443-A~~ 113-B, subchapter II, under the same conditions that apply to the services of a licensed physician.

**Sec. 10. 24-A MRSA §2837-B,** as enacted by PL 1991, c. 647, §3, is amended to read:

**§2837-B. Acupuncture services**

All group insurance policies providing coverage for acupuncture must provide coverage for those services when performed by an acupuncturist licensed pursuant to Title 32, chapter ~~443-A~~ 113-B, subchapter