

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND NINETEENTH LEGISLATURE

FIRST REGULAR SESSION
December 2, 1998 to June 19, 1999

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 18, 1999

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

J.S. McCarthy Company
Augusta, Maine
1999

Sec. 1. 8 MRSA §268, first ¶, as amended by PL 1993, c. 95, §1, is further amended to read:

The commission shall adopt rules for holding, conducting and operating all harness horse races or meets for public exhibition held in this State and for the operation of racetracks on which any such race or meet is held; notwithstanding any other provision of law, harness horse races or meets licensed to be held on Sunday may not commence until the hour of 1 p.m. at, but not before, noon.

See title page for effective date.

CHAPTER 395

H.P. 964 - L.D. 1362

An Act to Allow the State to Initiate Default Proceedings in Order to Obtain Forfeited Assets When the Defendant Fails to Appear in a Court Proceeding

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

Sec. 1. 15 MRSA §5826, sub-§7 is enacted to read:

7. Default proceedings. Upon motion of the State, the court having jurisdiction over a criminal forfeiture matter may declare a default judgment of forfeiture if the court finds as follows:

A. By clear and convincing evidence that:

- (1) There was probable cause to support the seizure of the property at the time of its seizure;
- (2) The interested party has knowledge of the seizure of the property or the property was seized under circumstances in which a reasonable person would have knowledge of the seizure of that person's property; and
- (3) The interested party has failed to appear for any court appearance in accordance with Title 17-A, chapter 45 for a violation that forms the basis of the forfeiture, and that a warrant of arrest for the interested party for such failure to appear has been outstanding for 6 months or more; and

B. By a preponderance of the evidence that the State is entitled to a judgment of forfeiture pursuant to chapter 517.

The State may meet its burden under paragraphs A and B by presentation of testimony or affidavit.

The interested party has 30 days from the date of the declaration of default judgment of forfeiture to appear before the court in person, submit to its jurisdiction on the companion criminal charge and to petition the court to remove the default judgment.

Post-default proceedings are governed by section 5825.

See title page for effective date.

CHAPTER 396

H.P. 617 - L.D. 857

An Act to Increase Access to Primary Health Care Services

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

Sec. 1. 24 MRSA §2332-J is enacted to read:

§2332-J. Coverage for services of certified nurse practitioners; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. A nonprofit hospital or a medical service organization that issues individual and group health care contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife to a patient who is referred to the certified nurse practitioner or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

2. Required coverage for self-referred services. With respect to individual and group health care contracts that do not require the selection of a primary care provider, a nonprofit hospital or medical service organization shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

Sec. 2. 24-A MRSA §2756 is enacted to read:

§2756. Coverage for services of certified nurse practitioners; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. An insurer that issues individual health insurance policies and contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife to a patient who is referred to the certified nurse practitioner or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

2. Required coverage for self-referred services. With respect to individual health insurance policies and contracts that do not require the selection of a primary care provider, an insurer shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

Sec. 3. 24 MRSA §2847-G is enacted to read:

§2847-G. Coverage for services of certified nurse practitioners; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. An insurer that issues group health insurance policies and contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife to a patient who is referred to the certified nurse practitioner or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

2. Required coverage for self-referred services. With respect to group health insurance policies and contracts that do not require the selection of a primary care provider, an insurer shall provide coverage under those contracts for services performed by a certified nurse practitioner or certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner or certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

Sec. 4. 24-A MRSA §4245 is enacted to read:

§4245. Coverage for services of certified nurse practitioners; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. A health maintenance organization that issues individual and group health care contracts shall provide coverage under those contracts for services performed by a participating certified nurse practitioner or participating certified nurse midwife to a patient who is referred to the participating certified nurse practitioner or participating certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the participating certified nurse practitioner or participating certified nurse midwife.

2. Required coverage for self-referred services. With respect to individual and group health care contracts that do not require the selection of a primary care provider, a health maintenance organization shall provide coverage under those contracts for services performed by a participating certified nurse practitioner or participating certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the participating certified nurse practitioner or participating certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

Sec. 5. 24-A MRSA §4303, sub-§5 is enacted to read:

5. Identification of services provided by certified nurse practitioners and certified nurse midwives. All claims for coverage of services provided by certified nurse practitioners and certified nurse midwives must identify the certified nurse practitioners and certified nurse midwives who provided those services. A carrier offering a health plan in this State shall assign identification numbers or codes to certified nurse practitioners and certified nurse midwives who provide covered services for enrollees covered under that plan. A claim submitted for payment to a carrier by a health care provider or

facility must include the identification number or code of the certified nurse practitioner or certified nurse midwife who provided the service and may not be submitted using the identification number or code of a physician or other health care provider who did not provide the covered service.

Sec. 6. 24-A MRSA §4306, as enacted by PL 1995, c. 673, Pt. C, §1 and affected by §2, is amended to read:

§4306. Enrollee choice of primary care physician

A carrier offering a managed care plan shall allow enrollees to choose their own primary care ~~physicians providers~~, as allowed under the managed care plan's rules, from among the panel of participating providers made available to enrollees under the managed care plan's rules. A carrier shall allow physicians, and certified nurse practitioners who have been approved by the State Board of Nursing to practice advanced practice registered nursing without the supervision of a physician pursuant to Title 32, section 2102, subsection 2-A, to serve as primary care providers for managed care plans. A carrier is not required to contract with certified nurse practitioners or physicians as primary care providers in any manner that exceeds the access and provider network standards required in this chapter or chapter 56-A, or any rules adopted pursuant to those chapters. A managed care plan must allow enrollees to change primary care ~~physicians providers~~ without good cause at least once annually and to change with good cause as necessary. When an enrollee fails to choose a primary care ~~physician provider~~, the managed care plan may assign the enrollee a primary care ~~physician provider~~ located in the same geographic area in which the enrollee resides.

Sec. 7. Application. The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after March 1, 2000. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

See title page for effective date.

CHAPTER 397

H.P. 1385 - L.D. 1982

An Act to Establish a Lobster Trap Tag Freeze to Limit Effort in the Lobster Fishery

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

Sec. 1. 12 MRSA §6421, sub-§5, ¶D, as repealed and replaced by PL 1997, c. 250, §3 and affected by §10, is amended to read:

D. Did not possess a Class I, Class II or Class III lobster and crab fishing license in the previous calendar year because the commissioner had suspended the person's license privileges for a length of time that included the previous calendar year; ~~or~~

Sec. 2. 12 MRSA §6421, sub-§5, ¶F, as amended by PL 1997, c. 250, §5 and affected by §10, is further amended to read:

F. Is 65 years of age or older and has held a lobster and crab fishing license; or

Sec. 3. 12 MRSA §6421, sub-§5, ¶H is enacted to read:

H. Has held a student lobster and crab fishing license in 3 consecutive years and:

- (1) Is 18 years of age or older; or
- (2) Is a high school graduate.

This paragraph is repealed December 31, 2001.

Sec. 4. 12 MRSA §6421-A, sub-§1, ¶¶B and C, as enacted by PL 1997, c. 747, §1, are amended to read:

B. Possessed an apprentice lobster and crab fishing license issued prior to February 13, 1998 and meets the requirements of the apprentice program under section 6422; ~~or~~

C. Did not possess a Class I, Class II or Class III lobster and crab fishing license in the previous calendar year because the commissioner had suspended the person's license privileges for a length of time that included that previous calendar year; or

Sec. 5. 12 MRSA §6421-A, sub-§1, ¶D is enacted to read:

D. Has held a student lobster and crab fishing license in 3 consecutive years and:

- (1) Is 18 years of age or older; or
- (2) Is a high school graduate.

Sec. 6. 12 MRSA §6431-F is enacted to read:

§6431-F. Trap tag freeze

1. Trap tag limits. Beginning with the 2000 license year, the following trap tag limits apply to