

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND TWENTY-FIRST LEGISLATURE

FIRST SPECIAL SESSION
August 21, 2003 to August 22, 2003

The General Effective Date For
First Special Session
Non-Emergency Laws Is
November 22, 2003

SECOND REGULAR SESSION
January 7, 2004 to January 30, 2004

The General Effective Date For
Second Regular Session
Non-Emergency Laws Is
April 30, 2004

SECOND SPECIAL SESSION
February 3, 2004 to April 30, 2004

The General Effective Date For
Second Special Session
Non-Emergency Laws Is
July 30, 2004

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

Penmor Lithographers
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ment in the employment of any of its workers who may qualify for that placement.

Sec. 5. 5 MRSA §1826-C, sub-§1, as amended by PL 1999, c. 543, §2 and PL 2001, c. 354, §3, is further amended to read:

1. Committee established. There is established the Work Center Purchases Committee, consisting of the ~~State Purchasing Agent Director of the Bureau of General Services within the Department of Administrative and Financial Services or the director's designee~~, the Director of the Bureau of Rehabilitation Services within the Department of Labor, a representative of the Department of Behavioral and Developmental Services, a representative of work centers, a representative of the business community and persons with disabilities. The total number of members with disabilities on the committee must be a minimum of 5.

Sec. 6. 5 MRSA §1826-C, sub-§3, ¶C, as enacted by PL 1985, c. 359, §3, is amended to read:

C. ~~Award~~ Develop procedures to be used in the award and extension of contracts, pursuant to subsection 6;

Sec. 7. 5 MRSA §1826-C, sub-§3, ¶D, as enacted by PL 1985, c. 359, §3, is repealed and the following enacted in its place:

D. Incorporate the Department of Administrative and Financial Services, Bureau of General Services rules of appeal of contract awards to resolve disputes related to Work Center Purchases Committee decisions;

Sec. 8. 5 MRSA §1826-C, sub-§5, as amended by PL 1991, c. 515, §2, is further amended to read:

5. Competitive bidding. The Work Center Purchases Committee shall develop procedures for competitive bidding by eligible work centers only for products and services identified on the work center purchase schedule. If no bid is received from a work center for any product or service on the schedule, the ~~State Purchasing Agent Director of the Bureau of General Services within the Department of Administrative and Financial Services~~ shall confer with the Department of Corrections to determine whether the Department of Corrections is able to provide the product or service at a fair price. If the ~~State Purchasing Agent Director of the Bureau of General Services~~ and the Department of Corrections do not come to agreement, the product or service must be put out to general bid by the ~~State Purchasing Agent Director of the Bureau of General Services~~, in accordance with standard rules and procedures. If only one work center bid is received, the committee shall review the bid and make a determination regarding the

fairness of the price and terms of the proposed contract. If the committee determines that the work center may not be awarded this bid, the ~~State Purchasing Agent Director of the Bureau of General Services~~ shall confer with the Department of Corrections to determine whether the Department of Corrections is able to provide the product or service at a fair price. If the ~~State Purchasing Agent Director of the Bureau of General Services~~ and the Department of Corrections do not come to agreement, the contract must be offered for standard competitive bid by the ~~State Purchasing Agent Director of the Bureau of General Services~~ in accordance with standard rules and procedures.

See title page for effective date.

CHAPTER 516

H.P. 441 - L.D. 578

An Act To Increase the Sale of Lottery Tickets To Benefit Conservation and Wildlife

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

Sec. 1. 8 MRSA §374, sub-§5, as amended by PL 2003, c. 414, Pt. B, §17 and affected by Pt. D, §7, is further amended to read:

5. Wildlife lottery game. No later than January 30, 1996, the commission, in consultation with the Maine Outdoor Heritage Fund Board, shall develop and initiate a wildlife lottery game designed to raise funds for the Maine Outdoor Heritage Fund established pursuant to Title 12, chapter 903, subchapter 6. The sales commission paid to agents for the sale of wildlife lottery game tickets must be one percentage point higher than the sales commission paid to agents for the sale of other instant lottery game tickets. The commission shall provide the net proceeds of this wildlife lottery game to the Maine Outdoor Heritage Fund annually. The commission shall change the wildlife game ticket periodically throughout the year.

See title page for effective date.

CHAPTER 517

H.P. 995 - L.D. 1353

An Act To Ensure Women's Health Care Coverage for All Maine Women

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this legislation affects all certificates of insurance executed, delivered, continued or renewed after July 1, 2004; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

PART A

Sec. A-1. 24 MRSA §2319, first ¶, as amended by PL 1995, c. 332, Pt. N, §1, is further amended to read:

All individual and group nonprofit hospital and medical service organization contracts and certificates must provide that benefits are payable with respect to a newly born child from the moment of birth.

Sec. A-2. 24 MRSA §2320-E, as enacted by PL 1995, c. 617, §1 and affected by §6, is amended to read:

§2320-E. Coverage for Pap tests

All group nonprofit medical service plan contracts and certificates and all nonprofit health care plan contracts and certificates must provide coverage for screening Pap tests recommended by a physician.

Sec. A-3. 24 MRSA §2332-F, first ¶, as enacted by PL 1995, c. 592, §1, is amended to read:

All individual and group nonprofit hospital and medical services plan policies and contracts and certificates and all nonprofit health care plan policies and contracts and certificates must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-management training and educational services used to treat diabetes, if:

Sec. A-4. 24 MRSA §2332-G, sub-§§1 and 2, as reallocated by RR 1995, c. 2, §49 and affected by §50, are amended to read:

1. Coverage in managed care plans. With respect to managed care plans that require subscribers to select primary care physicians, a nonprofit hospital and medical service organization that issues group contracts and certificates must meet the following requirements.

A. The organization must permit a physician who specializes in obstetrics and gynecology to

serve as a primary care physician if the physician qualifies under the organization's credentialing policy.

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician.

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for any gynecological care beyond the annual examination, the carrier may require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained.

2. Application. This section applies to all contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after January 1, 1997~~. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. A-5. 24-A MRSA §2834, first ¶, as amended by PL 1995, c. 332, Pt. N, §3, is further amended to read:

All group and blanket health insurance policies and certificates providing coverage on an ~~expense incurred~~ expense-incurred basis must provide that health insurance benefits are payable for a newly born child of the insured or subscriber from the moment of birth. An adopted child is deemed to be newly born to the adoptive parents from the date of the signed placement agreement. Preexisting conditions of an adopted child may not be excluded from coverage.

Sec. A-6. 24-A MRSA §2834, last ¶, as amended by PL 1997, c. 604, Pt. C, §3, is further amended to read:

The requirements of this section apply to all policies and certificates delivered or issued for delivery in this State ~~more than 120 days after the effective date of this Act~~.

Sec. A-7. 24-A MRSA §2837-E, as enacted by PL 1995, c. 617, §3 and affected by §6, is amended to read:

§2837-E. Coverage for Pap tests

All group health insurance policies ~~and~~ contracts, ~~except accidental injury, specified disease, hospital indemnity, Medicare supplement, long term care and other limited benefit health insurance policies and contracts,~~ and certificates must provide coverage for screening Pap tests recommended by a physician.

Sec. A-8. 24-A MRSA §2847-E, as enacted by PL 1995, c. 592, §3, is amended to read:

§2847-E. Coverage for diabetes supplies

All group insurance policies ~~and~~ contracts, ~~except accidental injury, specified disease, hospital indemnity, Medicare supplement, long term care and other limited benefit health insurance policies and contracts,~~ and certificates must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-management training and educational services used to treat diabetes, if:

1. Certification of medical necessity. The insured's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and

2. Provision of medical services. The diabetes out-patient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health.

The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. A-9. 24-A MRSA §2847-F, sub-§§1 and 2, as reallocated by PL 1997, c. 370, Pt. H, §1, are amended to read:

1. Coverage in managed care plans. With respect to managed care plans that require group members to select primary care physicians, an insurer that issues group health insurance policies ~~and~~ contracts and certificates must meet the following requirements.

A. The insurer must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the insurer's credentialing policy.

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified

nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician.

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for any gynecological care beyond the annual examination, the carrier may require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained.

2. Application. This section applies to all policies ~~and~~ contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after January 1, 1997~~. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. A-10. 24-A MRSA §4240, as enacted by PL 1995, c. 592, §4, is amended to read:

§4240. Coverage for diabetes supplies

All health maintenance organization individual and group health contracts and certificates must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-management training and educational services used to treat diabetes, if:

1. Certification of medical necessity. The enrollee's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and

2. Provision of medical services. The diabetes out-patient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health.

The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. A-11. 24-A MRSA §4241, sub-§§1 and 2, as enacted by PL 1995, c. 617, §5 and affected by §6, are amended to read:

1. Coverage in managed care plans. With respect to managed care plans that require enrollees to select primary care physicians, a health maintenance organization that issues group policies ~~and~~ contracts and certificates must meet the following requirements.

A. The health maintenance organization must permit a physician who specializes in obstetrics and gynecology to serve as a primary care physician if the physician qualifies under the organization's credentialing policy.

B. All group plan contracts must provide coverage for an annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife participating in the plan, without requiring the prior approval of the primary care physician.

C. If the examination specified in paragraph B reveals a gynecological condition for which another visit to the physician participating in the plan is medically required and appropriate, or for any gynecological care beyond the annual examination, the carrier may require the patient or the examining physician, certified nurse practitioner or certified nurse midwife to secure from the patient's primary care physician a referral to the participating physician, certified nurse practitioner or certified nurse midwife from whom such care may be obtained.

2. Application. This section applies to all policies ~~and~~ contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after January 1, 1997~~. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. A-12. 24-A MRSA §4242, as reallocated by RR 1995, c. 2, §53, is amended to read:

§4242. Coverage for Pap tests

All health maintenance organization plan contracts and certificates must provide coverage for screening Pap tests recommended by a physician.

Sec. A-13. Application. This Part applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 2004. For purposes of this Part, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

PART B

Sec. B-1. 24 MRSA §2318, sub-§6 is enacted to read:

6. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-2. 24 MRSA §2318-A, as amended by PL 2001, c. 258, Pt. A, §1, is further amended to read:

§2318-A. Maternity and routine newborn care

A nonprofit hospital or medical service organization that issues individual and group contracts and certificates providing maternity benefits, including benefits for childbirth, shall provide coverage for services related to maternity and routine newborn care, including coverage for hospital stay, in accordance with the attending physician's or attending certified nurse midwife's determination in conjunction with the mother that the mother and newborn meet the criteria outlined in the "Guidelines for Perinatal Care," published by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology. For the purposes of this section, "routine newborn care" does not include any services provided after the mother has been discharged from the hospital. For the purposes of this section, "attending physician" includes the obstetrician, pediatrician or other physician attending the mother and newborn. Benefits for routine newborn care required by this section are part of the mother's benefit. The mother and the newborn are treated as one person in calculating the deductible, coinsurance and copayments for coverage required by this section.

Sec. B-3. 24 MRSA §2320-A, sub-§3, as enacted by PL 1989, c. 875, Pt. I, §2, is amended to read:

3. Application. This section applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after March 1, 1991~~. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-4. 24 MRSA §2320-B, as amended by PL 1995, c. 671, §8, is further amended to read:

§2320-B. Acupuncture services

All individual and group nonprofit medical services plan contracts and certificates and all nonprofit health care plan contracts and certificates providing coverage for acupuncture must provide coverage for those services when performed by an acupuncturist licensed pursuant to Title 32, chapter 113-B, sub-

chapter H 2, under the same conditions that apply to the services of a licensed physician.

Sec. B-5. 24 MRSA §2320-C, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-6. 24 MRSA §2325-A, sub-§10 is enacted to read:

10. Application. Except as otherwise provided in this section, the requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-7. 24 MRSA §2332-J, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-8. 24 MRSA §2332-K, sub-§4 is enacted to read:

4. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-9. 24 MRSA §2332-L, sub-§5 is enacted to read:

5. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-10. 24 MRSA §2332-M, sub-§6 is enacted to read:

6. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all

contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-11. 24-A MRSA §2832, as amended by PL 1979, c. 663, §146, is further amended to read:

§2832. Maternity benefits for unmarried women certificate holders and the minor dependents of certificate holders with dependent or family coverage required

All group or blanket health insurance policies ~~and plans, contracts and certificates~~ shall provide the same maternity benefits for unmarried women certificate holders, and the minor dependents of certificate holders with dependent or family coverage, as is provided married certificate holders with maternity coverage and the wives of certificate holders with maternity coverage. This requirement ~~shall apply~~ applies to all group or blanket insurance written or renewed after the effective date of this Act, and ~~shall include~~ includes, but ~~is not be~~ is not limited to, all types and forms of group insurance issued by individual companies or corporations.

Sec. B-12. 24-A MRSA §2834-A, as amended by PL 2001, c. 258, Pt. A, §3, is further amended to read:

§2834-A. Maternity and routine newborn care

An insurer that issues group contracts ~~and certificates~~ providing maternity benefits, including benefits for childbirth, shall provide coverage for services related to maternity and routine newborn care, including coverage for hospital stay, in accordance with the attending physician's or attending certified nurse midwife's determination in conjunction with the mother that the mother and newborn meet the criteria outlined in the "Guidelines for Perinatal Care," published by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology. For the purposes of this section, "routine newborn care" does not include any services provided after the mother has been discharged from the hospital. For the purposes of this section, "attending physician" includes the obstetrician, pediatrician or other physician attending the mother and newborn. Benefits for routine newborn care required by this section are part of the mother's benefit. The mother and the newborn are treated as one person in calculating the deductible, coinsurance and copayments for coverage required by this section.

Sec. B-13. 24-A MRSA §2835, sub-§§1 and 3, as amended by PL 2003, c. 65, §2 and affected by §5, are further amended to read:

1. Notwithstanding any provision of a health insurance policy or certificate issued under a group policy subject to this chapter, whenever the policy

provides for payment or reimbursement for services that are within the lawful scope of practice of a psychologist licensed to practice in this State; a certified social worker licensed for the independent practice of social work in this State who has at least a masters degree in social work from an accredited educational institution, has been employed in social work for at least 2 years, and who, after January 1, 1985, must be licensed as a clinical social worker in this State; a licensed clinical professional counselor licensed for the independent practice of counseling who has at least a masters degree in counseling from an accredited educational institution, has been employed in counseling for at least 2 years and, after January 1, 2002, must be licensed as a clinical professional counselor in this State; or a licensed nurse who is certified by the American Nurses' Association as a clinical specialist in adult psychiatric and mental health nursing or as a clinical specialist in child and adolescent psychiatric and mental health nursing, any person covered by the policy is entitled to reimbursement for these services if the services are performed by a physician; a psychologist licensed to practice in this State; a certified social worker licensed for independent practice in this State who has at least a masters degree in social work from an accredited educational institution, who has been employed in social work for at least 2 years, and who, after January 1, 1985, must be licensed as a clinical social worker in this State; a licensed clinical professional counselor licensed for the independent practice of counseling who has at least a masters degree in counseling from an accredited educational institution, has been employed in counseling for at least 2 years and, after January 1, 2002, must be licensed as a clinical professional counselor in this State; or a licensed nurse certified by the American Nurses' Association as a clinical specialist in adult or child and adolescent psychiatric and mental health nursing. Payment or reimbursement for services rendered by clinical social workers licensed in this State, licensed clinical professional counselors licensed in this State or licensed nurses certified by the American Nurses' Association as clinical specialists in adult or child and adolescent psychiatric and mental health nursing may not be conditioned upon prior diagnosis or referral by a physician or other health care professional, except in cases where diagnosis of the condition for which the services are rendered is beyond the scope of their licensure.

3. Mental health services provided by counseling professionals. Except as provided in subsection 1 with regard to reimbursement of clinical professional counselors licensed in this State, an insurer that issues group health care contracts providing coverage for mental health services shall make available coverage for those services when performed by a counseling professional who is

licensed by the State pursuant to Title 32, chapter 119 to assess and treat interpersonal and intrapersonal problems, has at least a masters degree in counseling or a related field from an accredited educational institution and has been employed as a counselor for at least 2 years. Any contract providing coverage for the services of counseling professionals pursuant to this section may be subject to any reasonable limitations, maximum benefits, coinsurance, deductibles or exclusion provisions applicable to overall benefits under the contract. This subsection applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after January 1, 1997~~. For purposes of this subsection, all contracts are deemed renewed no later than the next yearly anniversary of the contract date.

Sec. B-14. 24-A MRSA §2837-B, as amended by PL 1995, c. 671, §10, is further amended to read:

§2837-B. Acupuncture services

All group insurance policies and certificates providing coverage for acupuncture must provide coverage for those services when performed by an acupuncturist licensed pursuant to Title 32, chapter 113-B, subchapter ~~H~~ 2, under the same conditions that apply to the services of a licensed physician.

Sec. B-15. 24-A MRSA §2837-C, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-16. 24-A MRSA §2843, sub-§8, as repealed and replaced by PL 1995, c. 407, §9, is amended to read:

8. Application. This section does not apply to accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care or other limited benefit health insurance policies. Except as otherwise provided in this section, the requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-17. 24-A MRSA §2846, as enacted by PL 1989, c. 176, §6, is amended to read:

§2846. Acquired Immune Deficiency Syndrome

~~No~~ A group health insurance policy or certificate delivered or issued for delivery in this State may not provide more restrictive benefits for sickness or disablement or the related expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV related diseases than for any other sickness or disabling condition or exclude benefits for AIDS, ARC or HIV related diseases except through an exclusion under which all sicknesses and diseases are treated the same. This section shall does not apply to a policy providing benefits for specific diseases or accidental injury only.

Sec. B-18. 24-A MRSA §2847-G, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-19. 24-A MRSA §2847-H, sub-§4 is enacted to read:

4. Application. The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-20. 24-A MRSA §2847-I, sub-§5 is enacted to read:

5. Application. The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-21. 24-A MRSA §2847-J, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-22. 24-A MRSA §2847-K, sub-§6 is enacted to read:

6. Application. The requirements of this section apply to all group policies, contracts and certifi-

cates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-23. 24-A MRSA §4234-B, as amended by PL 2001, c. 258, Pt. A, §4, is further amended to read:

§4234-B. Maternity and routine newborn care

Individual and group contracts and certificates issued by a health maintenance organization that provide maternity benefits, including benefits for childbirth, shall provide coverage for services related to maternity and routine newborn care, including coverage for hospital stay, in accordance with the attending physician's or attending certified nurse midwife's determination in conjunction with the mother that the mother and newborn meet the criteria outlined in the "Guidelines for Perinatal Care," published by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology. For the purposes of this section, "routine newborn care" does not include any services provided after the mother has been discharged from the hospital. For the purposes of this section, "attending physician" includes the obstetrician, pediatrician or other physician attending the mother and newborn. Benefits for routine newborn care required by this section are part of the mother's benefit. The mother and the newborn are treated as one person in calculating the deductible, coinsurance and copayments for coverage required by this section.

Sec. B-24. 24-A MRSA §4237, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-25. 24-A MRSA §4237-A, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-26. 24-A MRSA §4246, sub-§5 is enacted to read:

5. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-27. 24-A MRSA §4247, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-28. 24-A MRSA §4248, sub-§4 is enacted to read:

4. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-29. 24-A MRSA §4250, sub-§3 is enacted to read:

3. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-30. 24-A MRSA §4251, sub-§6 is enacted to read:

6. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-31. 24-A MRSA §4310, sub-§5 is enacted to read:

5. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be

renewed no later than the next yearly anniversary of the contract date.

Sec. B-32. 24-A MRSA §4311, sub-§4 is enacted to read:

4. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-33. 24-A MRSA §4314, sub-§5 is enacted to read:

5. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. B-34. 24-A MRSA §4315, sub-§7 is enacted to read:

7. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved.

Effective February 19, 2004.

CHAPTER 518

H.P. 1278 - L.D. 1756

An Act To Amend the Uniform Federal Lien Registration Act

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

Sec. 1. 5 MRSA §86, next to last ¶, as enacted by PL 1987, c. 645, §1, is amended to read:

For filing ~~and recording~~ a federal tax lien or other federal liens, certificates or notices affecting the liens of which under any Act of Congress or any federal regulation are required or permitted to be filed, \$5 under Title 33, chapter 39, that fee specified in Title 33, section 1906.