

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

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
Lewiston, Maine
2004

All Other	0	3,300
General Fund Total	\$0	\$4,200
Other Special Revenue Funds	2003-04	2004-05
Personal Services	\$0	\$12,500
All Other	0	5,860
Other Special Revenue Funds Total	\$0	\$18,360

See title page for effective date.

CHAPTER 671

S.P. 692 - L.D. 1853

An Act To Amend the Laws Relating to Property and Casualty Insurance and To Authorize the Superintendent of Insurance To Establish a Mandatory Market Assistance Program

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

PART A

Sec. A-1. 24-A MRSA §2304-A, sub-§1, as repealed and replaced by PL 1991, c. 377, §10, is amended to read:

1. Every insurer shall file with the superintendent, except as to inland marine risks, which by general custom of the business are not written according to manual rates or rating plans, every manual rate, minimum premium, class rate, rating schedule or rating plan and every other rating rule, and every modification of any of the foregoing ~~which that~~ it proposes to use. Every such The filing must state the effective date of the filing, and indicate the character and extent of the coverage contemplated. Every such The filing must be made not less than 30 days in advance of the stated effective date unless that 30-day requirement is waived by the superintendent. The effective date may be suspended by the superintendent for a period of time not to exceed 60 days, except that the effective date for filings made electronically may not be suspended.

Sec. A-2. 24-A MRSA §2412, sub-§2, as amended by PL 1973, c. 585, §12, is further amended to read:

2. Every ~~such~~ filing ~~shall~~ must be made not less than 30 days in advance of any ~~such~~ delivery. At the expiration of ~~such~~ the 30 days, the form so filed ~~shall be is~~ deemed approved unless prior thereto it has been affirmatively approved or disapproved by order of the superintendent. Approval of ~~any such~~ the form by the

superintendent ~~shall constitute~~ constitutes a waiver of any unexpired portion of ~~such~~ the waiting period. The superintendent may extend by not more than an additional 30 days the period within which ~~he~~ the superintendent may ~~so~~ affirmatively approve or disapprove any ~~such~~ form, by giving notice to the insurer of ~~such~~ the extension before expiration of the initial ~~30 days~~ 30-day period, except that the effective date of a filing made electronically for a coverage under a health, life or annuity product may not be extended. At the expiration of any such the period as so extended, and in the absence of such prior affirmative approval or disapproval, any such form shall be is deemed approved. The superintendent may at any time, after hearing and for cause shown, withdraw any ~~such~~ approval.

Sec. A-3. 24-A MRSA §3049, sub-§3, as enacted by PL 1973, c. 239, is amended to read:

3. Discovery of fraud or material misrepresentation by ~~either~~ any one of the following:

- A. The insured or ~~his~~ the insured's representative in obtaining the insurance; or
- B. The named insured in pursuing a claim under the policy;

Sec. A-4. 24-A MRSA §3049, sub-§4, as enacted by PL 1973, c. 239, is repealed and the following enacted in its place:

4. Discovery of either:

A. Negligent acts or omissions by the insured substantially increasing any of the hazards insured against; or

B. A failure to disclose a material fact in relation to the application for insurance that would, if coverage is effectuated without knowledge by the insurer, substantially alter the terms of the policy;

Sec. A-5. 24-A MRSA §3049, sub-§5, as enacted by PL 1973, c. 239, is amended to read:

5. Physical changes in the insured property ~~which that~~ result in the property becoming uninsurable;

Sec. A-6. 24-A MRSA §3049, sub-§§6 to 10 are enacted to read:

6. The insured property is vacant and custodial care is not maintained on the property;

7. The presence of a trampoline on the premises if the insured is notified that the policy will be cancelled if the trampoline is not removed and the

trampoline, after notice, remains on the property 30 or more days after the date of notice;

8. The presence of a swimming pool upon the insured property that is not fenced in, in accordance with the standards established in Title 22, section 1631, if the pool remains in noncompliance with those standards for 30 days after notice by the insurer of the defective condition and intent to cancel the policy;

9. A loss occasioned by a dog bite, unless, after notice of cancellation or nonrenewal is received, the insured removes the dog; or

10. Failure to comply with reasonable loss control recommendations within 90 days after notice from the insurer.

Sec. A-7. 24-A MRSA §3049, 2nd ¶, as amended by PL 1979, c. 663, §§150 and 151, is further amended to read:

This section ~~shall~~ does not apply to any policy or coverage ~~which that~~ which has been in effect less than ~~60~~ 90 days at the time notice of cancellation is received by the named insured, or ~~90~~ 120 days in the case of residential property ~~which that~~ which is expected to be continuously unoccupied for 3 months in any 12-month period and ~~which that~~ which is other than the insured's primary residence, unless it is a renewal policy. An insured ~~shall~~ does not have the right to a hearing before the Superintendent of Insurance for the purpose of contesting cancellation of a new policy that has been in force less than ~~60~~ 90 days or ~~90~~ 120 days in the case of residential property other than the insured's primary residence ~~which that~~ which is expected to be continuously unoccupied for 3 months in any 12-month period.

Sec. A-8. 24-A MRSA §3051, as amended by PL 1979, c. 347, §12, is further amended to read:

§3051. Notice of intent

~~No~~ An insurer ~~shall~~ may not fail to renew a policy except by notice to the insured as provided in this subchapter. A notice of intention not to renew ~~shall~~ is not ~~be~~ effective unless received by the named insured at least 30 days prior to the expiration date of the policy. A ~~post office department~~ post office certificate of mailing to the named insured at ~~his~~ the insured's last known address ~~shall be~~ is conclusive proof of receipt on the 3rd calendar day after mailing. The reason ~~shall~~ must accompany the notice of intent not to renew, together with notification of the right to apply for a hearing before the Superintendent of Insurance within 30 days as provided.

The reason or reasons for the intended nonrenewal action ~~shall~~ must accompany the notice of intent not to renew and the reason or reasons ~~shall~~ must be

explicit. Explanations such as "underwriting reasons," "underwriting experience," "loss record," "location of risk," "credit report" and similar insurance terms are not by themselves acceptable explanations of an insurer's intended nonrenewal of a policy insuring property of the kind defined in section 3048. The reason for nonrenewal ~~shall~~ must be a good faith reason ~~rationaly~~ and related to the insurability of the property or a ground for cancellation pursuant to section 3049.

This section ~~shall~~ does not apply:

1. If the insurer has manifested its willingness to renew; or

2. If the insured fails to pay any premium due or any advance premium required by the insurer for renewal.

Sec. A-9. 24-A MRSA §3054, as amended by PL 1989, c. 172, §8, is further amended to read:

§3054. Hearing before Superintendent of Insurance

~~Any~~ A named insured who has received a statement of reason for cancellation, or of reason for an insurer's intent not to renew a policy, may, within 30 days of the receipt of a statement of reason, request a hearing before the Superintendent of Insurance. The purpose of this hearing ~~shall be~~ is limited to establishing the existence of the proof or evidence used by the insurer in its reason for cancellation or intent not to renew. The burden of proof of the reason for cancellation or intent not to renew ~~shall be upon~~ is on the insurer. If an insurer's reason for nonrenewal is not based on a ground for cancellation permitted under section 3049, the insurer must provide proof or evidence that the reason for nonrenewal is a good faith reason and related to the insurability of the property. A statement from the insurer that the risk does not meet the insurer's underwriting guidelines alone is not considered sufficient proof or evidence. The superintendent shall adopt rules for carrying out this section. The superintendent ~~shall have the authority to~~ may order the policy to continue in effect both pending and, if the superintendent finds in favor of the insured, subsequent to a hearing. If the superintendent finds in favor of the insurer at a hearing, the superintendent may order the policy to remain in force for 14 days to allow the insured to obtain other coverage.

Sec. A-10. 24-A MRSA §§3057, 3058 and 3059 are enacted to read:

§3057. Actions related to age of dwelling prohibited

An insurance company authorized to transact business in this State may not cancel or refuse to issue

or renew a property insurance policy subject to this subchapter solely on the basis of the age of the dwelling and without consideration of the current condition of the property.

§3058. Refusal based on previous owner's losses

An insurance company authorized to transact business in this State may not refuse to issue a property insurance policy subject to this subchapter for the sole reason that a previous owner of the property submitted claims for losses to the property.

§3059. Insurer valuation of property; increase in premium; notice

1. Increase in valuation. If an insurer determines that the stated insured value of a property covered by a policy subject to this subchapter should be increased to depict more accurately its current value and the increase in valuation will result in an increase in premium for the policy, then the increase in the stated insured value and the corresponding increase in premium may be implemented only at the time of renewal.

2. Notice. If an insurer increases the stated insured value in accordance with subsection 1, then the insurer must provide notice to the named insured on the policy at least 30 days prior to the effective date of the renewal policy stating the reason for the increase in premium and the amount of premium increase associated with the increase in valuation. The notice also must state that upon written request by the named insured the insurer will disclose the specific reasons and specific property characteristics that contributed to the resulting increase in stated value.

3. Exemptions. This section does not apply to routinely scheduled increases in valuation under the policy based on inflation or to increases in the stated insured value of a property agreed to by the insured.

Sec. A-11. 39-A MRSA §403, sub-§4-A, as enacted by PL 2003, c. 315, §2, is amended by amending the first paragraph to read:

4-A. Group self-insurance reinsurance account. As an alternative to obtaining a reinsurance contract providing coverage against losses arising out of one occurrence, a group self-insurer may participate in a group self-insurance reinsurance account, referred to in this subsection as "an account," as provided in this subsection. More than one account may be established pursuant to this subsection. ~~Each~~ An account established pursuant to this subsection ~~is an independent entity and~~ may be established as either an independent private entity or an instrumentality of the State, but the debts and liabilities of an account established as an instrumentality of the State are not debts and liabilities of the State. An account estab-

lished as an instrumentality of the State within 24 months of its formation, with the approval of the superintendent, may transfer all of its assets and liabilities into an account established as an independent private entity.

Sec. A-12. 39-A MRSA §403, sub-§4-A, ¶¶I and K, as enacted by PL 2003, c. 315, §2, are amended to read:

I. Assets of an account's fund may be used exclusively for payment of expenses of the account and payment of claims against the account and for no other purpose, except that an account established as an independent private entity pursuant to this subsection may issue such dividends to its members as are approved by the superintendent.

K. In the event of dissolution of an account established as an instrumentality of the State pursuant to this subsection, all assets remaining after the satisfaction of all outstanding claims must be distributed to the Treasurer of State to be included in the Maine Self-Insurance Guarantee Association.

PART B

Sec. B-1. 24-A MRSA §2322-A, sub-§1, as enacted by PL 1989, c. 797, §25 and affected by §§37 and 38, is amended to read:

1. Notwithstanding section 2321-B, subsection 2 and consistent with sections 2325, 2325-A, 2325-B and 2366, insurers, rating organizations and advisory organizations participating in joint underwriting, joint reinsurance pools or residual market mechanisms may, in connection with such activity, act in cooperation with each other in the making of rates, rating systems, policy forms, underwriting rules, surveys, inspections and investigations, the furnishing of loss and expense statistics or other information, or conducting research. Joint underwriting, joint reinsurance pools and residual market mechanisms are not considered to be advisory organizations.

Sec. B-2. 24-A MRSA §2325-B is enacted to read:

§2325-B. Mandatory property and casualty insurance market assistance program

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Basic property and casualty insurance" means policies that insure against loss or damage to real property that is used for residential purposes, is owner-occupied and consists of not

more than 4 apartments, and that may also insure against loss or damage to tangible personal property and the legal liability of a natural person or persons for loss of, damage to or injury to persons or property. "Basic property and casualty insurance" may include standard homeowners package property and liability insurance, functional replacement homeowners package insurance, dwelling fire policies and extended coverage policies. "Basic property and casualty insurance" does not include automobile insurance, workers' compensation insurance or insurance primarily covering risks arising from the conduct of a commercial or industrial enterprise.

B. "Governing committee" means the committee established to operate the program pursuant to subsection 5.

C. "Member insurer" means an authorized insurer who is required to be a member of the program in accordance with subsection 3.

D. "Modified policy form" means any new or amended policy form developed by member insurers for risks written through the program.

E. "Modified rate" means any new or amended rate or rating rule developed by member insurers for risks written through the program.

F. "Modified policy form and rate filing" and "modified filing" mean any modified policy form and modified rate filed with the superintendent under subsection 9.

G. "Net direct premiums" means gross direct written premiums on basic property and casualty insurance in this State less return premiums upon cancelled contracts, irrespective of reinsurance assumed or ceded.

H. "Program" means the mandatory property and casualty insurance market assistance program described in this section.

I. "Underserved areas or risk types," "underserved areas" and "underserved risk types" mean specific geographic areas or property risk types in this State that the superintendent designates by rule as not having reasonable access to basic property and casualty insurance.

2. Authority to establish program. If the superintendent establishes a voluntary market assistance plan in accordance with section 2325-A to increase the availability of basic property and casualty insurance in this State and the superintendent determines after a public hearing that the number of insurers participating in the voluntary market assistance plan is insufficient or that a sufficient number of risks has not been

written through the plan, then the superintendent may establish a mandatory property and casualty insurance market assistance program in accordance with this section. The superintendent shall adopt rules regarding the level of insufficient participation in the voluntary market assistance plan that is necessary for the establishment of a program under this section. The provisions in the rules governing a determination of insufficient participation in the voluntary market assistance plan must take into account the length of time the voluntary market assistance plan is operational.

3. Mandatory insurer participation. All insurers, except eligible surplus lines insurers, authorized to write and engaged in writing in this State, on a direct basis, basic property and casualty insurance shall cooperate in organizing a program as required by subsection 4. Every such insurer must be a member of the program and remain a member as long as the insurer has net direct premiums on basic property and casualty insurance in this State.

4. Required action by superintendent. If the superintendent determines that a program under this section should be established in accordance with the requirements of subsection 2, the superintendent shall:

A. Order member insurers to cooperate in the organization of the program;

B. Appoint the members of the governing committee in accordance with subsection 5;

C. Order the governing committee to develop a proposed plan of operation for the program in accordance with subsection 6, including a deadline for the submission of the plan; and

D. Initiate rulemaking in accordance with subsection 8.

5. Governing committee. The governing committee of the program consists of 8 members as follows:

A. Five members appointed by the superintendent who are full-time employees of member insurers;

B. Two members appointed by the superintendent who are licensed producers with property and casualty authority; and

C. The superintendent or the superintendent's designee, who serves as an ex-officio, nonvoting member.

The terms of members of the governing committee and process for filling vacancies must be established in the plan of operation pursuant to subsection 6.

6. Plan of operation. The program must be operated by the governing committee established under subsection 5 pursuant to a plan of operation approved by the superintendent. The governing committee shall develop a plan of operation and submit the plan to the superintendent for approval. If the superintendent disapproves the proposed plan of operation, the governing committee must, within 30 days, submit for review an appropriately revised plan of operation and, if the governing committee fails to submit such a plan or if the revised plan is also disapproved by the superintendent, the superintendent must develop a plan of operation consistent with this section. The governing committee may, on its own initiative or at the request of the superintendent, amend the plan of operation with the approval of the superintendent.

The plan of operation must:

A. Adopt a mechanism for the equitable apportionment of risks under the program, including the equitable distribution among member insurers of applications for basic property and casualty insurance to cover underserved areas or risk types from eligible applicants who are in good faith entitled to but who are unable to procure basic property and casualty insurance through ordinary methods in the voluntary admitted market;

B. Establish a methodology for the calculation and the payment of fees or commissions to producers with respect to eligible risks written through the program;

C. Require that member insurers write basic property and casualty insurance for eligible applicants to cover underserved areas or risk types in accordance with each member insurer's underwriting guidelines and rating rules applicable to risks written through the program to the extent not inconsistent with reasonable underwriting and rating rule limitations contained in rules adopted by the superintendent under subsection 8;

D. Permit the use of rate filings and policy forms by member insurers, including:

(1) The ability for member insurers to use existing forms and rates to write basic property and casualty insurance in the program;

(2) The authority for member insurers to file modified policy forms and modified rates in accordance with subsection 9, including permissible surcharges on those policies in accordance with limits established by the superintendent by rule; and

(3) The authority for the program to develop uniform policy forms and rates for use by member insurers subject to approval of the superintendent and the requirements of subsection 9;

E. Establish a procedure for the possible future creation of a risk pooling arrangement or reinsurance program for the distribution of the losses and expenses of basic property and casualty insurance written through the program;

F. Provide that a member insurer is entitled to receive credit for voluntarily writing basic property and casualty insurance in underserved areas or on underserved risk types and that the participation in the program of an insurer who does so must be reduced in accordance with the mechanism of apportionment and distribution established under paragraph A;

G. Establish a grievance process for applicants for insurance, insureds and member insurers with the program and a right to appeal those grievances to the superintendent after an initial decision by the governing committee;

H. Establish procedures for the inspection of properties by or on behalf of member insurers;

I. Establish a uniform process to inform owners of property in underserved areas or of underserved risk types of the specific circumstances and property characteristics that affect the insurability of the property including recommendations for improving the insurability of the property;

J. Require that in order for an applicant to purchase basic property and casualty insurance through the program, the applicant must produce proof of 2 declinations from authorized insurers other than eligible surplus lines insurers, to write insurance on the property. The plan of operation must allow one of the declinations to be in the form of a cancellation or nonrenewal notice unless coverage has been ordered to stay in effect pending the outcome of a hearing before the superintendent, in which case the cancellation or nonrenewal notice may only be used as a declination in the person's application to the program if the decision in the hearing is in favor of the insurer;

K. Establish a finite list of reasons a policy issued through the program may be cancelled, which may include nonpayment of premium, fraud or material misrepresentation;

L. Stipulate that cancellation of policies issued through the program may not be effective less

than 20 days after receipt by the insured of the notice of cancellation or, if the cancellation is for nonpayment of premium, may not be effective less than 10 days after receipt by the insured of the notice of cancellation and that a postal certificate of mailing to the named insured at the insured's last known address is conclusive proof of receipt on the 5th calendar day after mailing;

M. Establish eligibility criteria for policies issued through the program, except that any eligibility criteria may not be inconsistent with the purposes for establishing the program;

N. Establish the limits of liability a member insurer is required to assume, except that for any policy issued through the program, the maximum amount of coverage for a dwelling on a residence premises does not exceed \$300,000, the maximum limit for any liability coverage does not exceed \$300,000 and any limits of liability for additional coverages, including coverage for loss or damage to other structures or tangible personal property or for loss of use, may not count toward the maximum coverage limits applicable to the dwelling or any liability coverage;

O. Establish procedures for the efficient, economical, fair and nondiscriminatory administration of the program;

P. Authorize the governing committee to assess member insurers for reasonable expenses incurred in administering the program;

Q. Establish procedures to govern a member insurer's withdrawal from the program; and

R. Include any other procedures or operational matters considered necessary by the governing committee with the approval of the superintendent.

7. Operation of program contingent upon approval. The program may not become operational until rules have been adopted as required by this section and the superintendent has approved the plan of operation in accordance with subsection 6.

8. Rulemaking. In accordance with subsection 4, the superintendent may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules under Title 5, chapter 375, subchapter 2-A. Rules adopted under this section may include:

A. The designation of underserved areas or risk types;

B. Reasonable limitations on underwriting guidelines applicable to all member insurers for

the issuance of basic property and casualty insurance through the program;

C. A writing level based on net direct premiums under which an insurer may seek to limit its participation or seek exemption from participation in the program;

D. Maximum allowable caps on rating surcharges and limitations on rating rules for risks written through the program;

E. The process by which the superintendent may suspend or terminate the program; and

F. Any other provisions necessary to implement the requirements of this section.

9. Modified policy form and rate filings. A modified policy form and modified rate developed by a member insurer must be filed with the superintendent. A modified rate to be used in connection with an existing policy form that consists solely of a permissible surcharge not in excess of the maximum allowable cap contained in rules adopted under subsection 8 may be used by a member insurer immediately upon filing that modified rate with the superintendent. For any other modified filings, a modified policy form and modified rate must be filed with the superintendent not less than 30 days in advance of the stated effective date. A modified rate filing subject to the 30-day advance filing requirement must include any supplementary rating information to be used in conjunction with a rate and, to the extent available, sufficient supporting information to support a rate. A modified rate may not be excessive, inadequate or unfairly discriminatory with respect to risks written through the program. A modified policy form may only be disapproved for the grounds specified in section 2413. All modified policy form and rate filings are confidential until effective or approved in accordance with applicable law.

10. Immunity from liability for inspections. There is no liability on the part of, and a cause of action does not arise against, member insurers, the program or the governing committee or agents or employees of any of them or the superintendent or the superintendent's authorized representatives with respect to any inspections to be undertaken by this section or for any acts or omissions in connection with those inspections or for any statements made in a report or communication concerning the insurability of the property.

11. Superintendent's authority to suspend. In the event of impairment or serious financial difficulty of a member insurer, the superintendent may suspend the application of the provisions of this section from applying to the financially distressed member insurer.

12. Expiration of program. A program established by the superintendent pursuant to this section expires 2 years from the date the program becomes operational unless terminated earlier by the superintendent or unless, after a public hearing, the superintendent determines, based on clear and convincing evidence, that continued operation of the program is necessary to address the unavailability of basic property and casualty insurance for underserved areas or risk types. For purposes of this subsection, the program becomes operational on the effective date of the first policy issued through the program. If the superintendent finds that continued operation of the program is necessary, then any person insured under the program must reapply for coverage as new business under the program at the next renewal date occurring after the date of the superintendent's order to continue the program. Any policy written through the program that is in force when the program is terminated continues in force until its stated expiration date in accordance with the terms and conditions of the policy and the provisions in the plan of operation.

13. Powers of superintendent. In addition to any powers conferred upon the superintendent by this or any other law, the superintendent has authority to supervise the program and may:

A. Examine and investigate the operation of the program and member insurers through free access to all the books, records, files, papers and documents relating to their operation and may summon, qualify and examine as witnesses all persons having knowledge of such operations, including the governing committee and its officers, employees and agents;

B. Require reports from the program, the governing committee and member insurers concerning risks insured through the program as the superintendent considers necessary;

C. Approve or disapprove modified policy forms, modified endorsements, modified rates and modified rating and rule manuals for use by member insurers; and

D. Suspend or terminate the program in accordance with subsection 12 and any process established by rule.

14. Penalties for violations. The superintendent may take any action permitted under section 12-A against a member insurer or any other person required to be licensed under this Title who violates this section or any other applicable law or rule.

15. Annual report. On or before March 31st of each year, the governing committee shall submit a report detailing the program's operations for the previous calendar year to the superintendent and the

joint standing committee of the Legislature having jurisdiction over insurance and financial services matters. The annual report is a public record within the meaning of Title 1, chapter 13, subchapter 1.

16. Applicability of provisions. Insurance provided through the program is subject to all other laws relating to that type of insurance, except policies issued through the program are not subject to section 3007 or to chapter 41, subchapter 5. In the event there is a conflict between any express provision in this section and any other applicable law, then the provisions of this section control. Notwithstanding sections 2162 and 2303, a member insurer may utilize underwriting guidelines, modified policy forms, modified rates and rating rules that differ from its voluntary business with respect to insurance issued through the program, as long as the program underwriting guidelines, modified policy forms, modified rates and rating rules comply with this section, the plan of operation and the rules adopted by the superintendent.

See title page for effective date.

CHAPTER 672

H.P. 1152 - L.D. 1579

An Act To Promote the Financial Security of Maine's Families and Children

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

Sec. 1. 15 MRSA §321, sub-§1, as amended by PL 1995, c. 469, §1, is further amended to read:

1. Definition. For purposes of this section, "family or household members" means spouses or domestic partners or former spouses or former domestic partners, individuals presently or formerly living as spouses, natural parents of the same child, adult household members related by consanguinity or affinity or minor children of any household member when the offender is an adult household member. Holding oneself out to be a spouse is not necessary to constitute "living as spouses." For purposes of this subsection, "domestic partners" has the same meaning as in Title 18-A, section 1-201, subsection (10-A).

Sec. 2. 18-A MRSA §1-201, sub-§(10-A) is enacted to read:

(10-A) "Domestic partner" means one of 2 unmarried adults who are domiciled together under long-term arrangements that evidence a commitment to remain responsible indefinitely for each other's welfare.