

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-THIRD LEGISLATURE

FIRST REGULAR SESSION
December 6, 2006 to June 21, 2007

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 20, 2007

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

Penmor Lithographers
Lewiston, Maine
2007

either an individualized education plan or other education plan.

"Students who experience education disruption" does not include students who are out of school for 10 or more consecutive school days as a result of planned absences for a reason such as a family event or medical absences for planned hospitalization or recovery or pursuant to a superintendent's agreement developed in accordance with section 5205, subsection 2.

§5162. School work recognition plan

Students who experience education disruption must have a school work recognition plan initiated upon the interim placement of the student. The school work recognition plan must be developed or updated by the student, the parent or guardian, the sending and receiving schools and others such as juvenile community corrections officers and community case managers no later than 10 school days after the interim placement of the student. This plan may be developed through alternate forms of meeting such as e-mail or teleconferencing. If an existing plan such as an individualized education plan or a transition plan as defined in rules adopted by the department or a 504 plan as defined in 34 Code of Federal Regulations, Part 104 addresses school completion, a school work recognition plan is not required.

Individual educational materials such as curricula and assignments must be made available to the interim placement as soon as possible but no later than 5 school days after the interim placement of the student; otherwise, an academic programming waiver must be signed by the sending school in which the sending school agrees to accept the academic programming implemented at the interim placement and to document on the student's transcript the credits earned by the student at the receiving school.

For every student who experiences education disruption, receiving school professional staff must be assigned to ensure the complete transfer of all records, grades and credits and all academic material, including an academic programming waiver, if applicable, from the sending school to the receiving school no later than 5 school days after the student enrolls in the receiving school.

Sec. 7. 20-A MRSA §6001-B, sub-§1, as amended by PL 2001, c. 452, §14, is further amended to read:

1. Education records must follow students who transfer. Education records must follow students who transfer to a school in another school administrative unit in the State. The education records of students who transfer from educational programs or schools for juveniles located in or operated by correctional facilities or out-of-state schools are also subject to this re-

quirement. For a student who experiences education disruption, as defined in section 5161, subsection 9, the sending school shall send or electronically transfer pertinent records, including but not limited to academic and health information records, to the receiving school or educational program no later than 5 school days after the student enrolls in the receiving school or educational program.

See title page for effective date.

CHAPTER 452

S.P. 537 - L.D. 1514

An Act To Require Health Insurance Coverage for Hearing Aids

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

Sec. 1. 24 MRSA §2317-B, sub-§12-B is enacted to read:

12-B. Title 24-A, sections 2762, 2847-M and 4253. Coverage for hearing aids, Title 24-A, sections 2762, 2847-M and 4253;

Sec. 2. 24-A MRSA §2762 is enacted to read:

§2762. Coverage for hearing aids

1. Hearing aid; definition. For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

2. Required coverage. In accordance with the application of coverage set forth in subsection 3, all individual health policies and contracts must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy or contract in accordance with the following requirements.

A. The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 77.

B. The hearing aid must be purchased from an audiologist licensed pursuant to Title 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

C. The policy or contract may limit coverage to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

3. Application of coverage. The requirements of subsection 2 apply to an individual:

A. From birth to 5 years of age, who is covered under a policy or contract that is issued or renewed on or after January 1, 2008;

B. From 6 to 13 years of age, who is covered under a policy or contract that is issued or renewed on or after January 1, 2009; and

C. From 14 to 18 years of age, who is covered under a policy or contract that is issued or renewed on or after January 1, 2010.

4. Limits; coinsurance; deductibles. Except as otherwise provided in this section, any policy or 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-A MRSA §2847-M is enacted to read:

§2847-M. Coverage for hearing aids

1. Hearing aid; definition. For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

2. Required coverage. In accordance with the application of coverage set forth in subsection 3, all group health insurance policies, contracts and certificates must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy, contract or certificate who is 18 years of age or under in accordance with the following requirements.

A. The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 77.

B. The hearing aid must be purchased from an audiologist licensed pursuant to Title 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

C. The policy, contract or certificate may limit coverage to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

3. Application of coverage. The requirements of subsection 2 apply to an individual:

A. From birth to 5 years of age, who is covered under a policy, contract or certificate that is issued or renewed on or after January 1, 2008;

B. From 6 to 13 years of age, who is covered under a policy, contract or certificate that is issued or renewed on or after January 1, 2009; and

C. From 14 to 18 years of age, who is covered under a policy, contract or certificate that is issued or renewed on or after January 1, 2010.

4. Limits; coinsurance; deductibles. Except as otherwise provided in this section, any policy, contract or certificate 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 §4253 is enacted to read:

§4253. Coverage for hearing aids

1. Hearing aid; definition. For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

2. Required coverage. In accordance with the application of coverage set forth in subsection 3, all health maintenance organization individual and group health insurance contracts must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy, contract or certificate who is 18 years of age or under in accordance with the following requirements.

A. The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 77.

B. The hearing aid must be purchased from an audiologist licensed pursuant to Title 32, chapter 77 or a hearing aid dealer licensed pursuant to Title 32, chapter 23-A.

C. The policy, contract or certificate may limit coverage to \$1,400 per hearing aid for each hearing-impaired ear every 36 months.

3. Application of coverage. The requirements of subsection 2 apply to an individual:

A. From birth to 5 years of age, who is covered under a contract that is issued or renewed on or after January 1, 2008;

B. From 6 to 13 years of age, who is covered under a contract that is issued or renewed on or after January 1, 2009; and

C. From 14 to 18 years of age, who is covered under a contract that is issued or renewed on or after January 1, 2010.

4. Limits; coinsurance; deductibles. Except as otherwise provided in this section, any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsur-

ance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

Sec. 5. 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 January 1, 2008. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 6. Exemption from review. Notwithstanding the Maine Revised Statutes, Title 24-A, section 2752, this Act is enacted without review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance.

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 January 1, 2008. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 8. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Salary Plan 0305

Initiative: Appropriates and allocates funds for the additional costs of health insurance to the State resulting from the requirement to provide coverage for hearing aids for persons 18 years of age and under, which will be phased in over 3 years and limits coverage to \$1,400 per hearing aid every 36 months.

GENERAL FUND	2007-08	2008-09
Personal Services	\$0	(\$15,000)
GENERAL FUND TOTAL	\$0	(\$15,000)
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HIGHWAY FUND	2007-08	2008-09
Personal Services	\$0	(\$6,000)
HIGHWAY FUND TOTAL	\$0	(\$6,000)

See title page for effective date.

CHAPTER 453

H.P. 10 - L.D. 9

An Act To Continue the Axle Weight Law Changes beyond September 15, 2007

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

Whereas, statutory adjournment of the First Regular Session of the 123rd Legislature is June 20, 2007; and

Whereas, Public Law 2005, chapter 426 is repealed September 15, 2007 and this legislation repeals that sunset; 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:

Sec. 1. 29-A MRSA §2360-A, sub-§3 is enacted to read:

3. Repeal. This section is repealed September 15, 2009.

Sec. 2. PL 2005, c. 426, §6 is repealed.

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

Effective June 28, 2007.

CHAPTER 454

H.P. 90 - L.D. 98

An Act To Require Alien Big Game Hunters To Be Accompanied by a Guide

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

Sec. 1. 12 MRSA §11224 is enacted to read:

§11224. Alien big game hunter; guide required

An alien may not hunt moose, deer or bear without being accompanied by a person who holds a valid guide license pursuant to chapter 927 authorizing that person to act as a hunting guide.