

# MAINE STATE LEGISLATURE

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

**AS PASSED BY THE**

**ONE HUNDRED AND TWENTY-SEVENTH LEGISLATURE**

**FIRST REGULAR SESSION**  
**December 3, 2014 to July 16, 2015**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST REGULAR SESSION**  
**NON-EMERGENCY LAWS IS**  
**OCTOBER 15, 2015**

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

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**Augusta, Maine**  
**2015**

commissioner a permit to use a leashed dog to track a wounded animal. The fee for a 3-year permit to use a leashed dog to track a wounded animal is \$81.

**3. Dog tracking services.** A person who holds a valid permit issued pursuant to this section may charge a fee for dog tracking services. Notwithstanding section 10001, subsection 28, a person is not a guide if the only services that person charges a fee for are dog tracking services pursuant to this subsection.

**4. Penalties.** Each day a person violates subsection 1, that person commits a Class E crime for which a minimum fine of \$50 and an amount equal to twice the applicable permit fee must be imposed.

**5. Tracking a wounded animal after legal hunting hours.** Notwithstanding sections 11205 and 11206, a person who holds a valid permit issued pursuant to this section may use a leashed dog to track a wounded animal outside of legal hunting hours.

**6. Rules.** The commissioner may adopt rules to implement the provisions of this section, which may include, but are not limited to, training requirements, the type and number of dogs used, leash requirements and the time and manner in which a wounded animal may be tracked and dispatched. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

**Sec. 3. 12 MRSA §11214, sub-§1, ¶¶K to M,** as enacted by PL 2003, c. 414, Pt. A, §2 and affected by c. 614, §9, are amended to read:

K. Use a dog to hunt deer or moose, except as provided in section 11109, subsection 3, paragraph N 11111 or 12862;

L. Use an artificial light, snare, trap or set gun to hunt deer or moose. This paragraph does not affect or restrict the legitimate possession and sale of flashlights or the lawful use of an artificial light to aid in the tracking of a wounded animal pursuant to section 11111 or 12862;

M. Use artificial lights between 1/2 hour after sunset and 1/2 hour before sunrise the next day to illuminate, jack, locate, attempt to locate or show up wild animals or wild birds from September 1st to December 15th of each calendar year. This paragraph does not affect chapter 921, or any rule issued in accordance with section 10104, subsection 1 or the lawful use of an artificial light to aid in the tracking of a wounded animal pursuant to section 11111 or 12862;

**Sec. 4. 12 MRSA §11225,** as enacted by PL 2007, c. 168, §6, is repealed.

**Sec. 5. 12 MRSA §12862** is enacted to read:

**§12862. Retrieval of wounded or killed bear, deer or moose after hours**

Notwithstanding sections 11205, 11206 and 11111, the commissioner may authorize a person licensed to guide hunters under section 12853 whose client during a guided hunt wounds or kills a bear, deer or moose to track and dispatch that animal outside of legal hunting hours. A licensed guide authorized to track a wounded animal pursuant to this section may use one leashed dog for tracking purposes. The commissioner may place conditions and restrictions on tracking activities conducted pursuant to this section to ensure its proper administration and the humane treatment of a wounded animal.

See title page for effective date.

**CHAPTER 91**

**H.P. 396 - L.D. 572**

**An Act To Ensure Appropriate Health Insurance Coverage for Prescription Eye Drops**

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

**Sec. 1. 24-A MRSA §4314-A** is enacted to read:

**§4314-A. Coverage for early refills of prescription eye drops**

**1. Required coverage.** A carrier offering a health plan in this State shall provide coverage for one early refill of a prescription for eye drops if the following criteria are met:

A. The enrollee requests the refill no earlier than the date on which 70% of the days of use authorized by the prescribing health care provider have elapsed;

B. The prescribing health care provider indicated on the original prescription that a specific number of refills are authorized;

C. The refill requested by the enrollee does not exceed the number of refills indicated on the original prescription;

D. The prescription has not been refilled more than once during the period authorized by the prescribing health care provider prior to the request for an early refill; and

E. The prescription eye drops are a covered benefit under the enrollee's health plan.

**2. Cost sharing.** A carrier may impose a deductible, copayment or coinsurance requirement for an

early refill under this section as permitted under the health plan.

**Sec. 2. 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, 2016. 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 92**

**S.P. 222 - L.D. 629**

**An Act Regarding Community Paramedicine Pilot Projects**

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

**Whereas,** current law provides that a community paramedicine pilot project may not exceed 3 years in duration; and

**Whereas,** approval granted by the Emergency Medical Services' Board for the first community paramedicine pilot project may expire prior to enactment of this law unless it is enacted on an emergency basis; and

**Whereas,** community paramedicine pilot projects have proven to be of value to their communities, and continuation is in the public interest; 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. 32 MRSA §84, sub-§4,** as enacted by PL 2011, c. 562, §1, is amended to read:

**4. Establishment of community paramedicine pilot projects.** Using the same process established by the board in rule for using pilot projects to evaluate the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the board may establish ~~up to 12~~ pilot projects for the purpose of developing and evaluating a community paramedicine program. ~~A pilot project established pursuant to this subsection may not exceed 3 years in duration.~~

As used in this subsection, "community paramedicine" means the practice by an emergency medical services provider primarily in an out-of-hospital setting of providing episodic patient evaluation, advice and treatment directed at preventing or improving a particular medical condition, within the scope of practice of the emergency medical services provider as specifically requested or directed by a physician.

The board shall establish the requirements and application and approval process of pilot projects established pursuant to this subsection. At a minimum, an emergency medical services provider, including, but not limited to, an ambulance service or nontransporting emergency medical service, that conducts a pilot project shall work with an identified primary care medical director, have an emergency medical services medical director and collect and submit data and written reports to the board, in accordance with requirements established by the board.

On or before January 30th of each year, the board shall submit a written report to the joint standing committees of the Legislature having jurisdiction over criminal justice and public safety matters and labor, commerce, research and economic development matters that summarizes the work and progress during the previous calendar year of each pilot project authorized pursuant to this subsection.

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

Effective May 19, 2015.

**CHAPTER 93**

**S.P. 284 - L.D. 810**

**An Act To Allow the Synchronization of Prescriptions**

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

**Sec. 1. 24-A MRSA §2769** is enacted to read:

**§2769. Prescription synchronization**

**1. Synchronization.** If a health plan provides coverage for prescription drugs, a carrier:

A. Shall permit and apply a prorated daily cost-sharing rate to a prescription that is dispensed by a pharmacist in the carrier's network for less than a 30-day supply if the prescriber or pharmacist determines that filling or refilling the prescription for less than a 30-day supply is in the best interest of the patient and the patient requests or agrees to less than a 30-day supply in order to synchronize