

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

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TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2017

CHAPTER 188
S.P. 387 - L.D. 1166

**An Act Regarding Anesthesia
Care in Rural Maine**

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

Sec. 1. 32 MRSA §2211 is enacted to read:

§2211. Nurse anesthetist; authority

1. Definitions. For purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Critical access hospital" has the same meaning as in Title 22, section 7932, subsection 10.

B. "Rural area" has the same meaning as in Title 22, section 5104, subsection 10.

2. Authority generally. A certified registered nurse anesthetist is responsible and accountable to a licensed physician or dentist for aspects of anesthesia practice that require execution of the medical regimen as prescribed by that physician or dentist, except as provided in subsection 3.

3. Authority; critical access hospitals and rural hospitals. In a critical access hospital or in a hospital located in a rural area, a certified registered nurse anesthetist may, in accordance with the bylaws and policies of the facility in which the certified registered nurse anesthetist is practicing, formulate and implement a patient-specific plan for anesthesia care, which may include:

A. A preanesthetic assessment;

B. Verification of informed consent;

C. Adjustments and corrective actions as indicated;

D. Ordering appropriate laboratory tests and diagnostic imaging tests in the preoperative period and immediate postoperative period; and

E. Ordering and prescribing prescription drugs in the preoperative period and immediate postoperative period in accordance with this paragraph. For controlled substances listed in United States Drug Enforcement Administration Schedules III, IIIN, IV and V, a certified registered nurse anesthetist may prescribe drugs only:

(1) For a supply of not more than 4 days, with no prescription refills; and

(2) For an individual for whom the certified registered nurse anesthetist has, at the time of the prescription, established a client or patient record.

4. Rules. The board shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 189
H.P. 837 - L.D. 1200

**An Act Relating to the
Licensure of Physicians**

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

Sec. 1. 32 MRSA §2581, as amended by PL 2001, c. 492, §6, is further amended by adding after the 2nd paragraph a new paragraph to read:

The board may not require an applicant for initial licensure or license renewal as an osteopathic physician under this chapter to obtain certification from a specialty medical board or to obtain osteopathic continuous certification as a condition of licensure. For the purposes of this section, "osteopathic continuous certification" means a program that requires an osteopathic physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.

Sec. 2. 32 MRSA §3271, sub-§2, as amended by PL 2013, c. 355, §6, is further amended to read:

2. Postgraduate training. Each applicant who has graduated from an accredited medical school on or after January 1, 1970 but before July 1, 2004 must have satisfactorily completed at least 24 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Notwithstanding other requirements of postgraduate training, an applicant is eligible for licensure when the candidate has satisfactorily graduated from a combined postgraduate training program in which each of the contributing programs is accredited by the Accreditation Council on Graduate Medical Education and the applicant is eligible for accreditation by the American Board of Medical Specialties in both specialties. Each applicant who has graduated from an accredited medical school prior to January 1, 1970 must have satisfactorily completed at least 12 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association or the Royal College of Physicians and Surgeons of Canada. Each applicant who has graduated from an accredited medical school on or after July 1, 2004 or an unaccredited medical school

must have satisfactorily completed at least 36 months in a graduate educational program accredited by the Accreditation Council on Graduate Medical Education, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the Royal Colleges of England, Ireland or Scotland. An applicant who has completed 24 months of postgraduate training and has received an unrestricted endorsement from the director of an accredited graduate education program in the State is considered to have satisfied the postgraduate training requirements of this subsection if the applicant continues in that program and completes 36 months of postgraduate training. Notwithstanding this subsection, an applicant who is board certified by the American Board of Medical Specialties is deemed to meet the postgraduate training requirements of this subsection. Notwithstanding this subsection, in the case of subspecialty or clinical fellowship programs, the board may accept in fulfillment of the requirements of this subsection postgraduate training at a hospital in which the subspecialty clinical program, such as a training program accredited by the American Dental Association Commission on Dental Accreditation or its successor organization, is not accredited but the parent specialty program is accredited by the Accreditation Council on Graduate Medical Education.

The board may not require an applicant for initial licensure or license renewal as a physician under this chapter to obtain certification from a specialty medical board or to obtain a maintenance of certification as a condition of licensure. For the purposes of this subsection, "maintenance of certification" means a program that requires a physician to engage in periodic examination, self-assessment, peer evaluation or other activities to maintain certification from a specialty medical board.

See title page for effective date.

CHAPTER 190

H.P. 860 - L.D. 1237

An Act To Require Insurance Coverage for Contraceptive Supplies

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

Sec. 1. 24-A MRSA §2756, sub-§3 is enacted to read:

3. Coverage of contraceptive supplies. Coverage required under this section must include coverage for contraceptive supplies in accordance with the following requirements. For purposes of this section, "contraceptive supplies" means all contraceptive drugs, devices and products approved by the federal

Food and Drug Administration to prevent an unwanted pregnancy.

A. Coverage must be provided without any deductible, coinsurance, copayment or other cost-sharing requirement for at least one contraceptive supply within each method of contraception that is identified by the federal Food and Drug Administration to prevent an unwanted pregnancy and prescribed by a health care provider.

B. If there is a therapeutic equivalent of a contraceptive supply within a contraceptive method approved by the federal Food and Drug Administration, an insurer may provide coverage for more than one contraceptive supply and may impose cost-sharing requirements as long as at least one contraceptive supply within that method is available without cost sharing.

C. If an individual's health care provider recommends a particular contraceptive supply approved by the federal Food and Drug Administration for the individual based on a determination of medical necessity, the insurer shall defer to the provider's determination and judgment and shall provide coverage without cost sharing for the prescribed contraceptive supply.

D. Coverage must be provided for the furnishing or dispensing of prescribed contraceptive supplies intended to last for a 12-month period, which may be furnished or dispensed all at once or over the course of the 12 months at the discretion of the health care provider.

Sec. 2. 24-A MRSA §2847-G, sub-§4 is enacted to read:

4. Coverage of contraceptive supplies. Coverage required under this section must include coverage for contraceptive supplies in accordance with the following requirements. For purposes of this section, "contraceptive supplies" means all contraceptive drugs, devices and products approved by the federal Food and Drug Administration to prevent an unwanted pregnancy.

A. Coverage must be provided without any deductible, coinsurance, copayment or other cost-sharing requirement for at least one contraceptive supply within each method of contraception that is identified by the federal Food and Drug Administration to prevent an unwanted pregnancy and prescribed by a health care provider.

B. If there is a therapeutic equivalent of a contraceptive supply within a contraceptive method approved by the federal Food and Drug Administration, an insurer may provide coverage for more than one contraceptive supply and may impose cost-sharing requirements as long as at least one