

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 306
H.P. 908 - L.D. 1311**

**An Act To Amend the Law
Regarding Notice of Claim
Recordings by Statutory Road
Associations**

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

Sec. 1. 23 MRSA §3104, as amended by PL 2013, c. 198, §10, is further amended to read:

§3104. Penalties and process

Money recovered under sections 3102 and 3103 is for the use of the owners. In any notice of claim or process for the money's recovery, a description of the owners ~~in general terms~~ as owners of parcels of land benefited by the private road, private way or bridge by name, clearly describing each owner's parcel of land by the book and page number of the owner's deed as recorded in the county's registry of deeds and the private road, private way or bridge, is sufficient. If the private road, private way or bridge is shown on a plan recorded in the county's registry of deeds, the plan's recording reference is sufficient. Such process is not abated by the death of any owner or by the transfer of any owner's interest. Any money owed pursuant to section 3101, 3102 or 3103 is an obligation that is personal to the owners of the subject parcels, jointly or severally, and also burdens the parcel and runs with the land upon the transfer of any owner's interest. After June 30, 2018, any money owed pursuant to section 3101, 3102 or 3103 is not an obligation that burdens the parcel or runs with the land upon the transfer of any owner's interest unless a notice of claim is recorded in the county's registry of deeds prior to the transfer. A notice of claim filed in the registry of deeds expires 18 months from the date of recording unless extended prior to the expiration by recording of a notice of extension of the notice of claim. A recorded notice of claim may be extended for additional 18-month periods until the claim is paid. The commissioner or board may cause to be recorded in the county's registry of deeds a notice of claim for money owed pursuant to section 3101, 3102 or 3103 that is more than 90 days delinquent and may add to the amount owed the recording costs for filing the notice of claim. The recording of such notice does not constitute slander of title. Before recording such notice or service of process of a complaint for collection in a civil action, the commissioner or board shall give the owner against whom such action is to be taken written notice, in the same manner as written notices of meetings are provided for in section 3101, of the intended action if the debt is not paid within 20 days of the date of the written notice. This written notice to cure must be sent at least 30 days before the recording of the

notice of claim or the service of process of the complaint for collection in a civil action.

See title page for effective date.

**CHAPTER 307
S.P. 515 - L.D. 1485**

**An Act Regarding MaineCare
Coverage for Telehealth
Services**

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

Sec. 1. 5 MRSA §12004-I, sub-§38-A is enacted to read:

38-A.

<u>Human Services</u>	<u>Maine Telehealth and Telemonitoring Advisory Group</u>	<u>Not Authorized</u>	<u>22 MRSA §3173-I</u>
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Sec. 2. 22 MRSA §3173-H is enacted to read:

§3173-H. Services delivered through telehealth

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

A. "Asynchronous encounters" means the interaction between a patient and a health professional through a system with the ability to store digital information, including, but not limited to, still images, video, audio and text files, and other relevant data in one location and subsequently transmit such information for interpretation at a remote site by health professionals without requiring the simultaneous presence of the patient or the patient's provider.

B. "Store and forward transfers" means transmission of a patient's recorded health history through a secure electronic system to a provider.

C. "Synchronous encounters" means a real-time interaction conducted with interactive audio or video connection between a patient and the patient's provider or between providers.

D. "Telehealth," as it pertains to the delivery of health care services, means the use of interactive real-time visual and audio or other electronic media for the purpose of consultation and education concerning and diagnosis, treatment, care management and self-management of a patient's physical and mental health and includes real-time interaction between the patient and the telehealth

provider, synchronous encounters, asynchronous encounters, store and forward transfers and remote patient monitoring. "Telehealth" includes telephonic services when interactive telehealth services are unavailable or when a telephonic service is medically appropriate for the underlying covered service.

E. "Telemonitoring," as it pertains to the delivery of health care services, means the use of information technology to remotely monitor a patient's health status via electronic means through the use of clinical data while the patient remains in a residential setting, allowing the provider to track the patient's health data over time. Telemonitoring may or may not take place in real time.

2. Grants. The department may solicit, apply for and receive grants that support the development of the technology infrastructure necessary to support the delivery of health care services through telehealth and that support access to equipment, technical support and education related to telehealth for health care providers.

3. Annual report. Beginning January 1, 2018 and annually thereafter, the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the use of telehealth in the MaineCare program, including the number of telehealth and telemonitoring providers, the number of patients served by telehealth and telemonitoring services and a summary of grants applied for and received related to telehealth and telemonitoring.

4. Education. The department shall conduct educational outreach to providers and MaineCare members on telehealth and telemonitoring services.

5. Rules. The department shall adopt routine technical rules as defined by Title 5, chapter 375, subchapter 2-A to carry out the provisions of this section. Rules adopted by the department:

A. May not include any requirement that a patient have a certain number of emergency room visits or hospitalizations related to the patient's diagnosis in the criteria for a patient's eligibility for telemonitoring services;

B. Must include qualifying criteria for a patient's eligibility for telemonitoring services that include documentation in a patient's medical record that the patient is at risk of hospitalization or admission to an emergency room;

C. Must provide that group therapy for behavioral health or addiction services covered by the MaineCare program may be delivered through telehealth; and

D. Must include requirements for individual providers and the facility or organization in which the

provider works for providing telehealth and telemonitoring services.

Sec. 3. 22 MRSA §3173-I is enacted to read:

§3173-I. Maine Telehealth and Telemonitoring Advisory Group

The Maine Telehealth and Telemonitoring Advisory Group, as established by Title 5, section 12004-I, subsection 38-A and referred to in this section as "the advisory group," is created within the department.

1. Membership. The advisory group consists of the commissioner or the commissioner's designee and 9 other members appointed by the commissioner as follows:

A. A representative of an organization in this State that has a mission to increase access to telehealth services in rural areas;

B. A representative from a home health agency in this State;

C. A representative from a nonprofit advocacy organization that represents hospitals in this State;

D. A representative from each of 2 separate health care providers of integrated medical services in this State;

E. A representative from a behavioral health organization in this State;

F. A representative from an entity in this State with experience in the field of pharmacy; and

G. Two medical practitioners in this State who use telehealth or telemonitoring as part of their regular practice.

2. Meetings. The advisory group shall hold at least one regular meeting and no more than 4 meetings each year.

3. Duties. The advisory group shall:

A. Evaluate technical difficulties related to telehealth and telemonitoring services; and

B. Make recommendations to the department to improve telehealth and telemonitoring services statewide.

For the purposes of this section, "telehealth" and "telemonitoring" have the same meaning as in section 3173-H, subsection 1, paragraphs D and E.

See title page for effective date.