

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

SECOND SPECIAL SESSION
June 19, 2018 to September 13, 2018

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 13, 2018

ONE HUNDRED AND TWENTY-NINTH LEGISLATURE

FIRST REGULAR SESSION
December 5, 2018 to June 20, 2019

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 19, 2019

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

Augusta, Maine
2019

accrue points under subsection 8 but is ineligible to receive a moose hunting permit.

Sec. 15. 12 MRSA §11158, sub-§2, as enacted by PL 2003, c. 414, Pt. A, §2 and affected by c. 614, §9, is amended to read:

2. Eligibility. A resident of the State, or nonresident or alien who is eligible to obtain a state hunting license is eligible to be certified to hunt migratory game birds.

Sec. 16. 12 MRSA §12201, sub-§2, ¶D, as enacted by PL 2003, c. 414, Pt. A, §2 and affected by c. 614, §9, is amended to read:

D. A nonresident who is a citizen of the United States is eligible to purchase a nonresident trapping license.

Sec. 17. 12 MRSA §12201, sub-§2, ¶E, as enacted by PL 2017, c. 164, §14, is amended to read:

E. An alien A nonresident who is not a citizen of the United States is eligible to purchase only a nonresident trapping license for beaver pursuant to section 12259, subsection 3.

Sec. 18. 12 MRSA §12501, sub-§6, ¶I, as amended by PL 2009, c. 213, Pt. OO, §11, is repealed.

Sec. 19. Effective date. This Act takes effect January 1, 2019.

Effective January 1, 2019.

CHAPTER 428

S.P. 615 - L.D. 1671

An Act To Create a Grant Program To Assist with Dispatch Center Consolidation

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

Sec. 1. 25 MRSA §2927, sub-§3-D is enacted to read:

3-D. Grants for dispatch consolidation. To support the consolidation of dispatch centers into existing public safety answering points, the bureau shall use up to \$1,000,000 from the funds collected from the statewide E-9-1-1 surcharge under subsection 1-E and the statewide prepaid wireless telecommunications service E-9-1-1 surcharge under subsection 1-F to provide grants to dispatch centers for nonrecurring costs associated with the consolidation of the dispatch centers into public safety answering points. The bureau shall adopt rules establishing the application process for the distribution of grants and establishing the allowable uses of grants pursuant to this subsection. Rules adopted pursuant to this subsection are routine

technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. Appropriations and allocations. The following appropriations and allocations are made.

PUBLIC UTILITIES COMMISSION

Emergency Services Communication Bureau 0994

Initiative: Provides an allocation for grants to encourage the consolidation of dispatch centers into existing public safety answering points.

Table with 3 columns: OTHER SPECIAL REVENUE FUNDS, 2017-18, 2018-19. Rows include All Other, OTHER SPECIAL REVENUE FUNDS TOTAL.

See title page for effective date.

CHAPTER 429

H.P 487 - L.D. 696

An Act To Require Notification of Adverse Changes to Prescription Drug Formularies in Health Plans

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

PART A

Sec. A-1. 24-A MRSA §4311, sub-§1, as enacted by PL 1999, c. 742, §19 and affected by §21, is amended to read:

1. Formulary. If a health plan provides coverage for prescription drugs but the coverage limits such benefits to drugs included in a formulary, a carrier shall:

A. Ensure participation of participating physicians and pharmacists in the development of the formulary; and

B. Provide exceptions to the formulary limitation when a nonformulary alternative is medically indicated, consistent with the utilization review standards in section 4304-;

C. Provide an enrollee with at least 60 days' written notice of an adverse change to a formulary, except that a carrier may provide less than 60 days' notice when a prescription drug is being removed from the formulary because of concerns about safety. The notice must use a conspicuous font and inform the enrollee of the adverse change to the formulary and advise the enrollee to consult

with the enrollee's provider about the change. For the purposes of this paragraph, "adverse change to a formulary" means a change that removes a drug currently prescribed for that enrollee from the formulary applicable to the enrollee's health plan or a change that moves the prescribed drug to a tier with a higher cost-sharing requirement if the carrier uses a formulary with tiers;

D. If a prescription drug is removed from a formulary, notify an enrollee affected by the change of the enrollee's ability to request an exception to the formulary limitation pursuant to paragraph B and provide a form for the enrollee to use to request an exception. If an enrollee has already received prior authorization for that drug, the carrier shall continue to honor the existing authorization until it expires, as long as the enrollee continues to be covered under the same health plan and the drug has not been removed from the formulary because of concerns about safety; and

E. Except when a drug has been removed because of concerns about safety, if a drug has been removed from a formulary and a request for an exception to a formulary limitation submitted by or on behalf of an enrollee is received prior to the effective date of the proposed change, continue to provide coverage for that drug until the carrier has rendered a decision on the enrollee's request for an exception to the formulary limitation.

Sec. A-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, 2019. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

PART B

Sec. B-1. Report on formulary changes. As determined by the Department of Professional and Financial Regulation, Bureau of Insurance, a carrier subject to the requirements of the Maine Revised Statutes, Title 24-A, section 4311, subsection 1 shall report quarterly no less than 30 days following the end of each quarter on any changes made by the carrier or any pharmacy benefits manager contracted by the carrier to any prescription drug formulary for a health plan offered in this State between January 1, 2019 and December 31, 2019. For purposes of this section, a change to a prescription drug formulary includes the movement of a prescription drug to a tier with higher cost sharing for that drug or the removal of a prescription drug from the formulary. The report must be in a form and manner determined by the Bureau of Insurance and include a list of formulary changes made by the carrier and the effective date of each formulary change; the prescription drugs affected by each formulary change by name and manufacturer; the number of

enrollees affected by each formulary change; the expected impact of each formulary change on cost sharing for affected enrollees; a written explanation of the reasons for each formulary change; the number of exception requests made by enrollees with regard to each formulary change; and the number of exception requests granted, denied or withdrawn with regard to each formulary change. No less than 60 days following the end of each quarter, as determined by the Bureau of Insurance, the bureau shall compile this data for those carriers required by the bureau to report and submit a report to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters may report out legislation related to the report to any regular or special session of the 129th Legislature.

Sec. B-2. Report on formulary changes in state employee health insurance program. The 3rd-party administrator or any pharmacy benefits manager contracted by the state employee health insurance program to administer prescription drug benefits for the group health plan offered to state employees and other eligible persons pursuant to the Maine Revised Statutes, Title 5, section 285 shall report quarterly no less than 30 days following the end of each quarter to the director of employee health and benefits within the Department of Administrative and Financial Services, Bureau of Human Resources on any changes made to any prescription drug formulary between January 1, 2019 and December 31, 2019. For purposes of this section, a change to a prescription drug formulary includes the movement of a prescription drug to a tier with higher cost sharing for that drug or the removal of a prescription drug from the formulary. The report must be in a form and manner determined by the director and include a list of formulary changes made by the carrier and the effective date of each formulary change; the prescription drugs affected by each formulary change by name and manufacturer; the number of enrollees affected by each formulary change; the expected impact of each formulary change on cost sharing for affected enrollees; a written explanation of the reasons for each formulary change; the number of exception requests made by enrollees with regard to each formulary change; and the number of exceptions granted, denied or withdrawn with regard to each formulary change. No less than 60 days following the end of each quarter, the director shall report this data to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters may report out legislation related to

any report submitted pursuant to this section to any regular or special session of the 129th Legislature.

See title page for effective date.

CHAPTER 430

H.P. 1259 - L.D. 1817

An Act To Implement the Recommendations of the Working Group To Improve the Provision of Indigent Legal Services Concerning the Membership of the Maine Commission on Indigent Legal Services

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

Whereas, the Maine Commission on Indigent Legal Services consists of 5 members, although there are currently only 3 sitting commissioners; and

Whereas, the Working Group to Improve the Provision of Indigent Legal Services recommended that the membership be expanded in number and diversity; and

Whereas, new appointments to the commission should be made consistent with the recommendation to adjust the makeup of the commission, and the commission should be operating at full strength as soon as possible; 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. 4 MRSA §1803, sub-§1, as enacted by PL 2009, c. 419, §2, is repealed and the following enacted in its place:

1. Members; appointment; chair. The commission consists of 9 members appointed by the Governor and subject to review by the joint standing committee of the Legislature having jurisdiction over judiciary matters and confirmation by the Legislature. The Governor shall designate one member to serve as chair of the commission. The membership consists of the following:

A. One member from a list of qualified potential appointees, provided by the President of the Senate;

B. One member from a list of qualified potential appointees, provided by the Speaker of the House of Representatives;

C. Three members from a list of qualified potential appointees, provided by the Chief Justice of the Supreme Judicial Court;

D. One member with experience in administration and finance;

E. One member with experience providing representation in child protection proceedings;

F. One member from a list of qualified potential appointees who are attorneys engaged in the active practice of law and provide indigent legal services, provided by the president of the Maine State Bar Association. This member is a nonvoting member of the commission; and

G. One member from a list of qualified potential appointees who are attorneys engaged in the active practice of law and provide indigent legal services, provided by the president of a statewide organization, other than the Maine State Bar Association, that represents criminal defense attorneys. This member is a nonvoting member of the commission.

In determining the appointments and recommendations under this subsection, the Governor, the President of the Senate, the Speaker of the House of Representatives, the Chief Justice of the Supreme Judicial Court, the president of the Maine State Bar Association and the president of the statewide organization that represents criminal defense attorneys shall consider input from individuals and organizations with an interest in the delivery of indigent legal services. Recommendations provided by the president of the Maine State Bar Association and the president of the statewide organization representing criminal defense attorneys must consist of attorneys providing indigent legal services as a majority of their law practices.

Sec. 2. 4 MRSA §1803, sub-§§2 and 4, as enacted by PL 2009, c. 419, §2, are amended to read:

2. Qualifications. Individuals appointed to the commission must have demonstrated a commitment to quality representation for persons who are indigent and have the skills and knowledge required to ensure that quality of representation is provided in each area of law. No more than ~~3~~ 7 members may be attorneys engaged in the active practice of law. A person who is a sitting judge, prosecutor or law enforcement official, or an employee of such a person, may not be appointed to the commission. A voting member and the immediate family members living in the same household as the member may not receive compensation from the