

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

B. The health care service delivered by telehealth is of comparable quality to the health care service delivered through in-person consultation.

C. Prior authorization is required for telehealth services only if prior authorization is required for the corresponding covered health care service. An in-person consultation prior to the delivery of services through telehealth is not required.

D. Coverage for telehealth services is not limited in any way on the basis of geography, location or distance for travel.

E. The carrier shall require that a clinical evaluation is conducted either in person or through telehealth before a provider may write a prescription that is covered.

F. The carrier shall provide coverage for the treatment of 2 or more persons who are enrolled in the carrier's health plan at the same time through telehealth, including counseling for substance use disorders involving opioids.

4. Telemonitoring requirements. A carrier shall provide coverage for telemonitoring if:

A. The telemonitoring is intended to collect an enrollee's health-related data, including, but not limited to, pulse and blood pressure readings, that assist a provider in monitoring and assessing the enrollee's medical condition;

B. The telemonitoring is medically necessary for the enrollee;

C. The enrollee is cognitively and physically capable of operating the mobile health devices the enrollee has a caregiver willing and able to assist with the mobile health devices; and

D. The enrollee's residence is suitable for telemonitoring. If the residence appears unable to support telemonitoring, the telemonitoring may not be provided unless necessary adaptations are made.

5. Coverage for telephonic services. A carrier shall provide coverage for telephonic services when scheduled telehealth services are technologically unavailable at the time of the scheduled telehealth service for an existing enrollee and the telephonic services are medically appropriate for the corresponding covered health care services.

6. Utilization review. This section does not prohibit or limit a carrier from conducting a utilization review for telehealth services as long as the utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service.

7. Provider eligibility. In order to be eligible for reimbursement under this section, a provider providing

health care services through telehealth must be acting within the scope of the provider's license. A carrier may not impose additional credentialing requirements or prior approval requirements for a provider as a condition of reimbursement for health care services provided under this section unless those credentialing requirements or prior approval requirements are the same as those imposed for a provider that does not provide health care services through telehealth.

8. Telehealth equipment. A carrier may not require a provider to use specific telecommunications technology and equipment as a condition of coverage under this section as long as the provider uses telecommunications technology and equipment that comply with current industry interoperability standards and that comply with standards required under the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and regulations promulgated under that Act.

Sec. 3. 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, 2020. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 4. Exemption from review. Notwithstanding the Maine Revised Statutes, Title 24-A, section 2752, that section of this Act that enacts Title 24-A, section 4316 is enacted without review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance.

See title page for effective date.

CHAPTER 290

H.P. 1088 - L.D. 1486

An Act To Strengthen Supports for Adults with Intellectual Disabilities or Autism in Crisis

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

Sec. 1. 34-B MRSA §5206, sub-§8 is enacted to read:

8. Rules. The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are major substantive rules as defined by Title 5, chapter 375, subchapter 2-A.

Sec. 2. Department of Health and Human Services to study rate changes and rate structure for persons with intellectual disabilities or autism. The Department of Health and Human Ser-

vices shall study the existing services for persons with intellectual disabilities or autism and determine the adequacy of the MaineCare reimbursement methodology and rates paid to providers for meeting the needs of persons with intellectual disabilities or autism at risk for out-of-home placement due to challenging behavior that affects health and safety. The department shall report its findings, along with recommendations and any suggested legislation, to the Joint Standing Committee on Health and Human Services no later than January 30, 2020. The committee is authorized to report out a bill to the Second Regular Session of the 129th Legislature.

Sec. 3. Rulemaking. The Department of Health and Human Services shall provisionally adopt rules that are required pursuant to the Maine Revised Statutes, Title 34-B, section 5206, subsection 8 no later than April 1, 2020.

See title page for effective date.

**CHAPTER 291
H.P. 94 - L.D. 112**

**An Act To Implement Changes
to Maine's Solid Waste Laws
Pursuant to a Review of the
State Waste Management and
Recycling Plan**

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

PART A

Sec. A-1. 38 MRSA §1303-C, sub-§1-C, as enacted by PL 2007, c. 338, §1 and affected by §5 and enacted by c. 414, §1, is amended to read:

1-C. Bypass. "Bypass" means any solid waste that is destined for disposal, processing or beneficial use at ~~a~~ an operating solid waste facility but that cannot be disposed of, processed or beneficially used at that facility because of the facility's temporary malfunction, temporary insufficient capacity, temporary inability to process or burn, or temporary downtime ~~or any other comparable reason~~. For the purposes of this subsection, "operating solid waste facility" means a licensed solid waste facility that is fully operational at the time that the malfunction, insufficient capacity, inability to process or burn or downtime begins and that intends to resume full operation at the time that the malfunction, insufficient capacity, inability to process or burn or downtime ends.

Sec. A-2. 38 MRSA §2152-A is enacted to read:

§2152-A. State-owned solid waste disposal facilities; purpose, management and

operation; disposal of municipal solid waste

1. Purpose of State-owned solid waste disposal facilities. The Legislature finds that the purpose of State-owned solid waste disposal facilities is to ensure that adequate disposal capacity is available for the disposal of solid waste generated within the State through the development of new disposal capacity for anticipated state disposal capacity needs and the operation of existing facilities to address current state disposal capacity needs.

2. Consistency with solid waste management hierarchy. The Legislature intends that all aspects of the management and operation of State-owned solid waste disposal facilities be conducted in a manner that maximizes alignment with the solid waste management hierarchy under section 2101.

The bureau, the operators of State-owned solid waste disposal facilities and the department shall ensure that the acceptance of waste at State-owned solid waste disposal facilities is consistent with the hierarchy and that options for the management of such waste that represent a higher priority on the hierarchy are not otherwise reasonably available.

3. Disposal of municipal solid waste at State-owned solid waste disposal facilities; department authorization criteria; department limitation of disposal. The Legislature intends that the State prioritize the disposal at State-owned solid waste disposal facilities of special wastes for which there are limited disposal options in the State and minimize the disposal at State-owned solid waste disposal facilities of non-bypass, unprocessed municipal solid waste. In accordance with this intent and with the provisions of this chapter and chapter 13, the department may:

A. Authorize the land disposal of non-bypass, unprocessed municipal solid waste at a State-owned solid waste disposal facility only when:

- (1) A specific need for the disposal has been identified by the bureau and the operator of the facility;
- (2) The disposal is consistent with the solid waste management hierarchy under section 2101, as determined by the department; and
- (3) Options for the management of the waste that represent a higher priority on the hierarchy are not otherwise reasonably available, as determined by the department; and

B. Limit the volume of municipal solid waste disposed of at a State-owned solid waste disposal facility and the duration of such disposal through the imposition of such limitations under the facility's license.