

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

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

Augusta, Maine
2019

teer, including termination of that status within 30 days of the change.

See title page for effective date.

CHAPTER 330
H.P. 921 - L.D. 1260

**An Act Regarding Short-term,
Limited-duration Health Plans**

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

Sec. 1. 24-A MRSA §2736-C, sub-§1, ¶C, as amended by PL 2011, c. 238, Pt. D, §1, is further amended to read:

C. "Individual health plan" means any hospital and medical expense-incurred policy or health, hospital or medical service corporation plan contract. It includes both individual contracts and certificates issued under group contracts specified in section 2701, subsection 2, paragraph C. "Individual health plan" does not include the following types of insurance:

- (1) Accident;
- (2) Credit;
- (3) Disability;
- (4) Long-term care or nursing home care;
- (5) Medicare supplement;
- (6) Specified disease;
- (7) Dental or vision;
- (8) Coverage issued as a supplement to liability insurance;
- (9) Workers' compensation;
- (10) Automobile medical payment;
- (11) Insurance under which benefits are payable with or without regard to fault and that is required statutorily to be contained in any liability insurance policy or equivalent self-insurance; or
- (12) Short-term, limited-duration policies, as described in section 2849-B, subsection 1.

Sec. 2. 24-A MRSA §2849-B, sub-§1, as amended by PL 2011, c. 90, Pt. G, §1, is further amended to read:

1. Policies subject to this section. This section applies to all individual, group and blanket medical insurance policies except hospital indemnity, specified accident, specified disease, long-term care and short-term, limited-duration policies issued by insurers or

health maintenance organizations. For purposes of this section, a short-term, limited-duration policy is an individual, nonrenewable policy issued for a term that ~~is less than 12 months~~ does not extend beyond December 31st of the calendar year in which the policy is issued. This section does not apply to Medicare supplement policies as defined in section 5001, subsection 4.

Sec. 3. 24-A MRSA §2849-B, sub-§2, as amended by PL 2007, c. 199, Pt. D, §4, is further amended to read:

2. Persons provided continuity of coverage. Except as provided in subsection 3, this section provides continuity of coverage for a person who seeks coverage under an individual, group or blanket insurance policy or health maintenance organization policy if:

A. That person was covered under an individual, group or blanket contract or policy issued by a nonprofit hospital or medical service organization, insurer; or health maintenance organization or was covered under an uninsured employee benefit plan that provides payment for health services received by employees and their dependents or a governmental program, including, but not limited to, those listed in section 2848, subsection 1-B, paragraph A, subparagraphs (3) to (10). For purposes of this section, the individual, group or blanket policy under which the person is seeking coverage is the "succeeding policy." The group, blanket or individual contract or policy, uninsured employee benefit plan or governmental program that previously covered the person is the "prior contract or policy"; and

B. Coverage under the prior contract or policy terminated:

(1) Within 180 days before the date the person enrolls or is eligible to enroll in the succeeding contract if:

(a) Coverage was terminated due to unemployment, as defined in Title 26, section 1043;

(b) The person was eligible for and received unemployment compensation benefits for the period of unemployment, as provided under Title 26, chapter 13; and

(c) The person is employed at the time replacement coverage is sought under this provision; or

(2) Within 90 days before the date the person enrolls or is eligible to enroll in the succeeding contract.

A period of ineligibility for a health plan imposed by terms of employment may not be considered in determining whether the coverage ended within a time period specified under this section.

This section does not apply to replacements of group or blanket coverage within the scope of section 2849 or if the succeeding policy is an individual policy and the prior contract or policy was a short-term, limited-duration policy.

Sec. 4. 24-A MRSA §2849-B, sub-§8, as amended by PL 2011, c. 90, Pt. G, §2, is further amended to read:

8. Short-term, limited-duration insurance. A person eligible for continuity of coverage under subsection 2 may be allowed to purchase coverage under an individual, nonrenewable, short-term, limited-duration policy. The issuance of a short-term, limited-duration policy is subject to the following conditions.

A. Upon offering an individual short-term, limited-duration policy for purchase, an insurer or the insurer's agent or broker ~~must~~ shall provide written disclosure ~~of the terms and benefits of the policy as required in this paragraph in at least 14-point type. Specific disclosure that the short-term policy is not subject to any limitation on preexisting condition exclusions or the provisions of guaranteed renewal and continuity of coverage is required.~~ An insurer or the insurer's agent or broker shall specifically disclose:

(1) A summary of plan benefits, limits and exclusions in a standardized format similar to the format required for a qualified health plan under the federal Affordable Care Act that is specific to the exact policy being offered for purchase in this State, including, but not limited to, information about the circumstances in which covered benefits may be subject to balance billing and examples of how charges may be applied toward any cost sharing under the policy and billed to the individual policyholder; and

(2) A comparison of the short-term, limited-duration policy to a qualified health plan in the terms, benefits and conditions of the policy, any exclusions, medical loss ratio requirements or the provisions of guaranteed renewal and continuity of coverage.

B. An insurer or the insurer's agent or broker may ~~not~~ issue a short-term, limited-duration policy that replaces a prior short-term, limited-duration policy if as long as the combined term of the new policy and all prior successive policies does not exceed 24 months and the individual has not been covered under any prior short-term, limited-duration policy for at least 12 months. All individuals making an application for coverage under

a short-term, limited-duration policy must disclose any prior coverage under a short-term, limited-duration policy and the policy duration.

C. An insurer or the insurer's agent or broker may not issue a short-term, limited-duration policy unless it has been sold through an in-person encounter.

D. An insurer or the insurer's agent or broker may not actively market or sell any short-term, limited-duration policy during any open enrollment period, except for a short-term, limited-duration policy that terminates coverage on December 31st of the calendar year in which it is sold.

E. Upon offering an individual short-term, limited-duration policy for purchase, an insurer or the insurer's agent or broker shall assess an individual making an application for eligibility for an advanced premium tax credit or cost-sharing reduction for coverage under a qualified health plan purchased on the exchange pursuant to the federal Affordable Care Act, as defined in section 2188, subsection 1, paragraph A, and shall provide an estimate of the cost for coverage under a qualified health plan after applying any advanced premium tax credit or cost-sharing reduction.

F. An insurer or the insurer's agent or broker shall make the documents and information required to be disclosed under paragraph A upon offering an individual short-term, limited-duration policy for purchase available through the insurer's publicly accessible website.

G. An insurer or the insurer's agent or broker shall provide, upon the purchase of a short-term, limited-duration policy; upon the expiration of the policy; and, if the policy is in effect during an open enrollment period, on November 1st of the calendar year in which the policy was sold, written notice of the following:

(1) Disclosure that a short-term, limited-duration policy is not considered minimum essential coverage under the federal Affordable Care Act and that termination of a policy is not a qualifying event for a special enrollment period; and

(2) The dates for the next open enrollment period, the website address for the publicly accessible website of the exchange, as defined in section 2188, subsection 1, paragraph A, and the toll-free telephone number for the exchange.

Sec. 5. Bureau of Insurance bulletin. No later than 30 days following the effective date of this Act, the Department of Professional and Financial Regulation, Bureau of Insurance shall issue a bulletin related to short-term, limited-duration health insurance

policies describing the statutory requirements for the policies, including the requirements enacted in this Act and the required mandated benefits applicable to all short-term, limited-duration policies.

Sec. 6. Application. The requirements of this Act apply to all short-term, limited-duration health insurance 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.

See title page for effective date.

CHAPTER 331

H.P. 1097 - L.D. 1505

An Act To Amend the Marijuana Laws To Correct Inconsistencies in Recently Enacted Laws

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

Sec. 1. 22 MRSA §2422, sub-§§4-D to 4-I, as enacted by PL 2017, c. 447, §1 and c. 452, §3, are repealed.

Sec. 2. 22 MRSA §2422, sub-§§4-N to 4-S are enacted to read:

4-N. Immature marijuana plant. "Immature marijuana plant" means a nonflowering marijuana plant that measures more than 24 inches from the base of the main plant stalk to the most distant point of the plant's leaf stems or branches.

4-O. Inherently hazardous substance. "Inherently hazardous substance" means a liquid chemical; a compressed gas; carbon dioxide; or a commercial product that has a flash point at or lower than 100 degrees Fahrenheit, including, but not limited to, butane, propane and diethyl ether. "Inherently hazardous substance" does not include any form of alcohol or ethanol.

4-P. Long-term care facility. "Long-term care facility" means a hospice provider facility licensed under chapter 1681; a nursing facility licensed under chapter 405; an assisted living facility licensed under chapter 1663 or 1664; or a facility or program licensed under chapter 1663 that provides care for a qualifying patient in accordance with section 2423-A, subsection 1, paragraph F-1, subparagraph (2).

4-Q. Manufacture or manufacturing. "Manufacture" or "manufacturing" means the production, blending, infusing, compounding or other preparation of marijuana concentrate and marijuana products, in-

cluding, but not limited to, marijuana extraction or preparation by means of chemical synthesis.

4-R. Manufacturing facility. "Manufacturing facility" means a registered tier 1 or tier 2 manufacturing facility or a person authorized to engage in marijuana extraction under section 2423-F.

4-S. Marijuana concentrate. "Marijuana concentrate" means the resin extracted from any part of a marijuana plant and every compound, manufacture, salt, derivative, mixture or preparation from such resin, including, but not limited to, hashish.

Sec. 3. 22 MRSA §2422, sub-§6, as amended by PL 2017, c. 452, §3, is further amended to read:

6. Registered dispensary or dispensary. "Registered dispensary" or "dispensary" means an entity registered under section 2425-A that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies or dispenses marijuana plants or harvested marijuana or related supplies and educational materials to qualifying patients and the caregivers of those patients.

Sec. 4. 22 MRSA §2422, sub-§14-A, as amended by PL 2017, c. 447, §3 and c. 452, §3, is repealed and the following enacted in its place:

14-A. Sample. "Sample" means a marijuana plant or harvested marijuana that is provided for testing or research purposes to a marijuana testing facility.

Sec. 5. 22 MRSA §2423-A, sub-§1, ¶G, as amended by PL 2015, c. 475, §6, is further amended to read:

G. Be in the presence or vicinity of the medical use of marijuana and assist any qualifying patient with using or administering harvested marijuana;

Sec. 6. 22 MRSA §2423-A, sub-§1, ¶H, as amended by PL 2017, c. 447, §4 and c. 452, §4, is repealed and the following enacted in its place:

H. Accept marijuana plants or harvested marijuana from a qualifying patient, caregiver or registered dispensary if no remuneration is provided to the patient, caregiver or dispensary;

Sec. 7. 22 MRSA §2423-A, sub-§1, ¶J, as enacted by PL 2017, c. 447, §6 and c. 452, §4, is repealed and the following enacted in its place:

J. Manufacture marijuana products and marijuana concentrate for medical use, except that a qualifying patient may not manufacture food, as defined in section 2152, subsection 4, unless the qualifying patient is licensed pursuant to section 2167 and except that a qualifying patient may not produce marijuana concentrate using inherently hazardous substances unless authorized pursuant to section 2423-F, subsection 3;