

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTIETH LEGISLATURE

FIRST REGULAR SESSION
December 2, 2020 to March 30, 2021

FIRST SPECIAL SESSION
April 28, 2021 to July 19, 2021

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
JUNE 29, 2021

THE GENERAL EFFECTIVE DATE FOR
FIRST SPECIAL SESSION
NON-EMERGENCY LAWS IS
OCTOBER 18, 2021

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

Augusta, Maine
2021

American Rescue Plan Audit, Controller and Program Management

Initiative: Provides one-time allocations necessary to support all aspects of financial management oversight of funds from the State Fiscal Recovery Fund established in the federal American Rescue Plan Act of 2021, Public Law 117-2, including state discretionary and direct funds as well as the local passthrough funds authorized in the federal American Rescue Plan Act of 2021.

FEDERAL EXPENDITURES FUND – AMERICAN RESCUE PLAN STATE FISCAL RECOVERY	2020-21	2021-22	2022-23
All Other	\$1,000,000	\$2,000,000	\$0
FEDERAL EXPENDITURES FUND – AMERICAN RESCUE PLAN STATE FISCAL RECOVERY TOTAL	\$1,000,000	\$2,000,000	\$0

ECONOMIC AND COMMUNITY DEVELOPMENT, DEPARTMENT OF

American Rescue Plan Economic, Workforce and Innovation

Initiative: Provides one-time allocations for preliminary program, metrics and assessment tool development for economic development, innovation and workforce programs.

FEDERAL EXPENDITURES FUND – AMERICAN RESCUE PLAN STATE FISCAL RECOVERY	2020-21	2021-22	2022-23
All Other	\$800,000	\$800,000	\$0
FEDERAL EXPENDITURES FUND – AMERICAN RESCUE PLAN STATE FISCAL RECOVERY TOTAL	\$800,000	\$800,000	\$0

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective May 25, 2021.

**CHAPTER 79
S.P. 239 - L.D. 600**

An Act To Require Insurance Coverage for Certified Midwife Services

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

Sec. 1. 24 MRSA §2332-K, as amended by PL 2003, c. 517, Pt. B, §8, is further amended to read:

§2332-K. Coverage for services of certified nurse practitioners; certified midwives; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. A nonprofit hospital or a medical service organization that issues individual and group health care contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner, certified midwife or certified nurse midwife to a patient who is referred to the certified nurse practitioner, certified midwife or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner, certified midwife or certified nurse midwife.

2. Required coverage for self-referred services. With respect to individual and group health care contracts that do not require the selection of a primary care provider, a nonprofit hospital or medical service organization shall provide coverage under those contracts for services performed by a certified nurse practitioner, certified midwife or certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner, certified midwife or certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

4. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 2. 24-A MRSA §2757, as reallocated by RR 1999, c. 1, §32, is amended to read:

§2757. Coverage for services of certified nurse practitioners; certified midwives; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. An insurer that issues individual health insurance policies and contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner, certified midwife or certified nurse midwife to a patient who is referred to the certified nurse practitioner, certified midwife or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner, certified midwife or certified nurse midwife.

2. Required coverage for self-referred services. With respect to individual health insurance policies and contracts that do not require the selection of a primary care provider, an insurer shall provide coverage under those contracts for services performed by a certified nurse practitioner, certified midwife or certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner, certified midwife or certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

Sec. 3. 24-A MRSA §2847-H, as amended by PL 2003, c. 517, Pt. B, §19, is further amended to read:

§2847-H. Coverage for services of certified nurse practitioners; certified midwives; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. An insurer that issues group health insurance policies and contracts shall provide coverage under those contracts for services performed by a certified nurse practitioner, certified midwife or certified nurse midwife to a patient who is referred to the certified nurse practitioner, certified midwife or certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the certified nurse practitioner, certified midwife or certified nurse midwife.

2. Required coverage for self-referred services. With respect to group health insurance policies and contracts that do not require the selection of a primary care provider, an insurer shall provide coverage under those contracts for services performed by a certified nurse practitioner, certified midwife or certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the certified nurse practitioner, certified midwife or certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and

coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

4. Application. The requirements of this section apply to all group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 4. 24-A MRSA §4248, as amended by PL 2003, c. 517, Pt. B, §28, is further amended to read:

§4248. Coverage for services of certified nurse practitioners; certified midwives; certified nurse midwives

1. Required coverage for services upon referral of primary care provider. A health maintenance organization that issues individual and group health care contracts shall provide coverage under those contracts for services performed by a participating certified nurse practitioner, participating certified midwife or participating certified nurse midwife to a patient who is referred to the participating certified nurse practitioner, participating certified midwife or participating certified nurse midwife by a primary care provider when those services are within the lawful scope of practice of the participating certified nurse practitioner, participating certified midwife or participating certified nurse midwife.

2. Required coverage for self-referred services. With respect to individual and group health care contracts that do not require the selection of a primary care provider, a health maintenance organization shall provide coverage under those contracts for services performed by a participating certified nurse practitioner, participating certified midwife or participating certified nurse midwife when those services are covered services and when they are within the lawful scope of practice of the participating certified nurse practitioner, participating certified midwife or participating certified nurse midwife.

3. Limits; coinsurance; deductibles. Any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

4. Application. The requirements of this section apply to all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 5. 24-A MRSA §4303, sub-§5, as amended by PL 2007, c. 199, Pt. B, §10, is further amended to read:

5. Identification of services provided by certified nurse practitioners, certified midwives and certified nurse midwives. All claims for coverage of services provided by certified nurse practitioners, certified midwives and certified nurse midwives must identify the certified nurse practitioners, certified midwives and certified nurse midwives who provided those services. A carrier offering or renewing a health plan in this State shall assign identification numbers or codes to certified nurse practitioners, certified midwives and certified nurse midwives who provide covered services for enrollees covered under that plan. A claim submitted for payment to a carrier by a health care provider or facility must include the identification number or code of the certified nurse practitioner, certified midwife or certified nurse midwife who provided the service and may not be submitted using the identification number or code of a physician or other health care provider who did not provide the covered service.

Sec. 6. 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, 2022. 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 80

H.P. 480 - L.D. 653

An Act To Provide Maine Residents Losing Employer-based Health Coverage with Information about Other Coverage

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

Sec. 1. 24-A MRSA §2809-A, sub-§1-B, as amended by PL 2007, c. 199, Pt. F, §1, is further amended to read:

1-B. Notification of availability of individual coverage. An insurer shall provide forms to group policyholders, and certificate holders when required by subsection 1-A, for the purpose of informing terminating group members of their right to purchase any individual health plan available in this State, including their eligibility for any special enrollment period to purchase an individual health plan pursuant to the federal Affordable Care Act, and of the availability of public health coverage options available in this State, including but not limited to MaineCare coverage. An adequate supply of forms must be provided to each group policyholder when the policy is issued and at least annually

after the policy is issued. The superintendent may prescribe the content of the form by routine technical rule pursuant to Title 5, chapter 375, subchapter 2-A. The form must include at least the following:

A. A statement that all state residents not eligible for Medicare have a right to purchase any individual health plan available in this State;

B. A statement that in order to avoid a gap in coverage, the individual should apply for individual coverage prior to termination of group coverage;

~~C. A statement that if more than 90 days pass between the time the group coverage ends and the time individual coverage begins, the individual coverage may exclude preexisting conditions for one year; and~~

D. A statement that information concerning individual coverage is available from the Bureau of Insurance. The bureau's toll-free telephone number must also be provided;

E. A statement that termination of coverage may be a qualifying life event for a special enrollment period to purchase an individual health plan. The length of time for the relevant special enrollment period and the dates for the next annual open enrollment must also be provided;

F. A statement that financial assistance may be available to eligible individuals to purchase a qualified health plan through the Maine Health Insurance Marketplace established in Title 22, section 5403. The marketplace's publicly accessible website and the toll-free telephone number must also be provided;

G. A statement that eligible individuals may qualify for free health coverage through MaineCare. The MaineCare program's publicly accessible website and toll-free telephone number must also be provided; and

H. A statement that the individual may contact the Health Insurance Consumer Assistance Program established in section 4326 for help obtaining health insurance coverage, including additional information and assistance enrolling in coverage. The program's publicly accessible website, toll-free telephone number and e-mail address must also be provided.

See title page for effective date.