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

CHAPTER 269

S.P. 397 - L.D. 1224

An Act To Authorize Remote Participation in Maine State Cultural Affairs Council Meetings

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

Sec. 1. 27 MRSA §553, as amended by PL 1999, c. 573, §§2 and 3, is further amended by amending the section headnote to read:

§553. Membership; meetings

Sec. 2. 27 MRSA §553, sub-§3 is enacted to read:

3. Meetings. The Maine State Cultural Affairs Council may conduct a public proceeding using telephonic, video, electronic or other means of remote participation when 2 or more members are physically present at the location of the public proceeding identified in the notice required under Title 1, section 4 and the total number of members participating in the meeting, both physically present and participating remotely, constitute a quorum.

See title page for effective date.

CHAPTER 270

H.P. 929 - L.D. 1269

An Act To Preserve Fair Housing in Maine

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

Sec. 1. 30-A MRSA §4741, sub-§18, as amended by PL 2015, c. 494, Pt. B, §3, is further amended to read:

18. State designee for homeless programs. The Maine State Housing Authority is designated the coordinating agency for the State for programs dealing with homeless persons and may apply for, receive, distribute and administer federal, state and other funds on behalf of the State for homeless programs including, without limitation, the Emergency Community Services Homeless Grant Program and the programs authorized pursuant to the federal Stewart B. McKinney Homeless Assistance Act, Public Law 100-77, (1987), as amended; ~~and~~

Sec. 2. 30-A MRSA §4741, sub-§19, as enacted by PL 2015, c. 494, Pt. B, §4, is amended to read:

19. State designee for National Housing Trust Fund. The Maine State Housing Authority is designated as the entity to receive and allocate funds from the National Housing Trust Fund established by the federal Housing and Economic Recovery Act of 2008~~.~~; and

Sec. 3. 30-A MRSA §4741, sub-§20 is enacted to read:

20. Affirmatively further fair housing. The Maine State Housing Authority shall, to the extent consistent with federal law, ensure that any Maine State Housing Authority funding or any state or local funding is used in a manner that will affirmatively further fair housing in this State. For the purposes of this subsection, "affirmatively further fair housing" means to engage actively in efforts to address barriers to and create opportunities for full and equal access to housing without discrimination on the basis of race, color, sex, sexual orientation or gender identity, physical or mental disability, religion, ancestry, national origin, familial status or receipt of public assistance.

Sec. 4. Report to the Legislature. The Maine State Housing Authority shall develop a plan to ensure public funds are used to affirmatively further fair housing in this State in accordance with the Maine Revised Statutes, Title 30-A, section 4741, subsection 20 and report the development of that plan to the Joint Standing Committee on Labor and Housing by January 15, 2022. The report must include data reported by municipal housing authorities to the United States Department of Housing and Urban Development on affirmatively furthering fair housing and other reports required to be filed by municipal housing authorities. The Maine State Housing Authority shall recommend in its report a method by which municipal housing authorities may annually submit any reports and data submitted to the United States Department of Housing and Urban Development to the joint standing committee of the Legislature having jurisdiction over housing matters. The Joint Standing Committee on Labor and Housing may report out legislation based on the report to the Second Regular Session of the 130th Legislature.

See title page for effective date.

CHAPTER 271

S.P. 413 - L.D. 1293

An Act To Improve Access to Certain Injectable Medications Approved by the Federal Food and Drug Administration

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

Sec. 1. 32 MRSA §13702-A, sub-§2-A, as enacted by PL 2013, c. 308, §1, is amended to read:

2-A. Collaborative drug therapy management. "Collaborative drug therapy management" means the initiating, administering, monitoring, modifying and

discontinuing of a patient's drug therapy by a pharmacist as authorized by a practitioner in accordance with a collaborative practice agreement. "Collaborative drug therapy management" includes collecting and reviewing patient histories; obtaining and checking vital signs, including pulse, temperature, blood pressure and respiration; and, under the supervision of, or in direct consultation with, a practitioner, ordering and evaluating the results of laboratory tests directly related to drug therapy when performed in accordance with approved protocols applicable to the practice setting and when the evaluation does not include a diagnostic component.

Sec. 2. 32 MRSA §13702-A, sub-§28, as amended by PL 2017, c. 185, §1, is further amended to read:

28. Practice of pharmacy. "Practice of pharmacy" means the interpretation and evaluation of prescription drug orders; the compounding, dispensing and labeling of drugs and devices, except labeling by a manufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs and devices; the participation in drug selection and drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records for these drugs and devices; the administration of vaccines licensed by the United States Food and Drug Administration that are recommended by the United States Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, or successor organization, for administration to adults; the administration to adults by intramuscular and subcutaneous injection of drugs approved by the United States Food and Drug Administration; the performance of collaborative drug therapy management; the responsibility for advising, when necessary or regulated, of therapeutic values, content, hazards and use of drugs and devices; the ordering and dispensing of over-the-counter nicotine replacement products approved by the United States Food and Drug Administration; and the offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of a pharmacy.

Sec. 3. 32 MRSA §13831, sub-§5 is enacted to read:

5. Administration of injectable drugs. A pharmacist who meets the qualifications and requirements of section 13832 and rules adopted by the board may administer to adults by intramuscular and subcutaneous injection drugs approved by the United States Food and Drug Administration under the following conditions:

A. Upon the order of a practitioner to dispense and administer the drug, as long as the practitioner is notified after administration is complete in accordance with section 13833, subsection 3; or

B. While engaged in collaborative drug therapy management pursuant to a collaborative practice agreement in accordance with the requirements of subchapter 14.

Sec. 4. 32 MRSA §13835, sub-§1, as amended by PL 2011, c. 577, §8, is further amended to read:

1. Criteria. Criteria for the operation of a vaccine administration clinic inside, outside or off the premises of a retail pharmacy, rural health clinic or free clinic licensed under section 13751. The rules must require one-time board approval of the plan of operation for any vaccine administration clinics to be operated by a pharmacist or pharmacy and may not require board approval of each individual clinic~~;~~. Criteria for the administration of drugs by intramuscular or subcutaneous injection inside, outside or off the premises of a retail pharmacy, rural health clinic or free clinic licensed under section 13751 and must require one-time board approval of the plan for the administration of drugs by intramuscular or subcutaneous injection by a pharmacist or pharmacy and may not require board approval for each administration;

Sec. 5. 32 MRSA §13841, sub-§2, ¶D, as enacted by PL 2013, c. 308, §4, is amended to read:

D. Initiate, administer, monitor, modify and discontinue drug therapy for a particular patient pursuant to the collaborative practice agreement with a practitioner who is treating the patient, as long as the action is reported to the practitioner in a timely manner as determined by rules adopted pursuant to section 13846.

Sec. 6. 32 MRSA §13843, sub-§6, ¶A, as enacted by PL 2013, c. 308, §4, is amended to read:

A. A provision that states that activity in the initial 3 months of a collaborative practice agreement is limited to monitoring drug therapy. After the initial 3 months, the practitioner and pharmacist shall meet to review the collaborative practice agreement and determine the scope of the agreement, which may after the initial 3 months include a pharmacist's initiating, administering, monitoring, modifying and discontinuing a patient's drug therapy and reporting these actions to the practitioner in a timely manner in accordance with rules adopted pursuant to section 13846;

Sec. 7. Appropriations and allocations. The following appropriations and allocations are made.

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF

Administrative Services - Professional and Financial Regulation 0094

Initiative: Allocates funds for technology-related costs associated with establishing one half-time Comprehensive Health Planner I position to manage anticipated increases in applicants for certification to administer adult injections of certain drugs approved for the treatment of

mental illness and substance use disorder as well as the investigation of complaints.

OTHER SPECIAL REVENUE FUNDS	2021-22	2022-23
All Other	$2,729	$3,347
OTHER SPECIAL REVENUE FUNDS TOTAL	$2,729	$3,347

Licensing and Enforcement 0352

Initiative: Allocates funds for one half-time Comprehensive Health Planner I position and related All Other costs to manage anticipated increases in applicants for certification to administer adult injections of certain drugs approved for the treatment of mental illness and substance use disorder as well as the investigation of complaints.

OTHER SPECIAL REVENUE FUNDS	2021-22	2022-23
POSITIONS - LEGISLATIVE COUNT	0.500	0.500
Personal Services	$32,875	$45,923
All Other	$5,712	$2,803
OTHER SPECIAL REVENUE FUNDS TOTAL	$38,587	$48,726

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF DEPARTMENT TOTALS	2021-22	2022-23
OTHER SPECIAL REVENUE FUNDS	$41,316	$52,073
DEPARTMENT TOTAL - ALL FUNDS	$41,316	$52,073

See title page for effective date.

CHAPTER 272

S.P. 423 - L.D. 1317

An Act To Regulate Insurance Carrier Practice or Facility-wide Prepayment Review

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

Sec. 1. 24-A MRSA §4303, sub-§24 is enacted to read:

24. Practice or facility-wide prepayment review of providers. A practice or facility-wide prepayment review of the documentation or records of a provider conducted by a carrier for the purposes of identifying fraud, waste or abuse, determining whether the documentation is appropriate or adequate to support a claim for covered health care services or determining whether health care services are or were medically necessary health care as a condition of payment must be conducted in accordance with the following requirements.

A. When a carrier subjects a provider or facility to a practice or facility-wide prepayment review, the carrier shall provide a process to allow claims and documentation to be submitted to the carrier electronically for purposes of proving timely filing and tracking the carrier's compliance with time limits in other applicable laws.

B. Claims subject to a practice or facility-wide prepayment review must be paid or disputed within 30 days as required by section 2436. Any claim that is not disputed pursuant to section 2436 or paid within 30 days by the carrier is overdue and subject to interest in accordance with section 2436.

C. Any records of an enrollee reviewed as part of a practice or facility-wide prepayment review must be reviewed by the same reviewer to the extent possible. The reviewer who performs the practice or facility-wide prepayment review is the primary contact person for the provider related to an audit, review, denial or nonpayment of a claim. Any practice or facility-wide prepayment review that involves clinical or professional judgement must be conducted by or in consultation with a clinical peer.

D. A carrier may not apply additional or different documentation standards beyond the standards set by the professional association of the provider subject to practice or facility-wide prepayment review if those standards are publicly available or made available to the carrier. This paragraph does not prohibit carriers from establishing or applying medical policies or clinical guidelines to determine whether a service is a covered benefit and medically necessary health care. This paragraph does not apply to claims submitted by a hospital or other health care facility.

E. A carrier may not deny payment of a claim for covered health care services by a provider solely on the basis of a minor documentation error or omission, including, but not limited to, misspelling, use of an abbreviation or a correctable error, unless the carrier affords the provider or enrollee the opportunity to resubmit the claim to correct the identified error.

F. If a carrier requires additional information as part of a practice or facility-wide prepayment review of a claim for covered health care services by a provider, the carrier shall inform the provider with reasonable specificity of the information needed by the carrier to adjudicate the claim.

G. Additional information required by a carrier is considered timely filed by the provider if submitted within 30 days from the date the provider received notice from the carrier of the errors, omissions or additional information needed.