

# 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.**

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**Augusta, Maine**  
**2021**

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

<b>OTHER SPECIAL REVENUE FUNDS</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$2,729	\$3,347
OTHER SPECIAL REVENUE FUNDS TOTAL	<u>\$2,729</u>	<u>\$3,347</u>

**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.

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

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

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.

H. A carrier shall provide information on how a provider may appeal the denial of a claim, including the mailing or e-mail address or fax number where an appeal should be sent, on its publicly accessible website or in a provider manual.

I. A carrier shall provide an opportunity to appeal the results of an audit leading to the provider being put on a practice or facility-wide prepayment review.

J. A carrier may not audit a provider or require that a provider's claims be subject to practice or facility-wide prepayment review as retribution for raising contract disputes.

For the purposes of this subsection, "practice or facility-wide prepayment review" means a manual review or audit process of all, or substantially all, of a provider's claims by a carrier or the carrier's agent.

**Sec. 2. Application.** This Act applies to any claim that has been subjected to practice or facility-wide prepayment review as described in the Maine Revised Statutes, Title 24-A, section 4303, subsection 24 that has not yet been resolved as of the effective date of this Act and to any claim submitted by a provider on or after the effective date of this Act.

See title page for effective date.

**CHAPTER 273**

**S.P. 450 - L.D. 1363**

**An Act To Amend the Laws Governing Elections**

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

**Sec. 1. 21-A MRSA §1, sub-§27-C,** as amended by PL 2019, c. 320, §1 and c. 539, §§1 and 2 and affected by §6, is repealed and the following enacted in its place:

**27-C. Elections determined by ranked-choice voting.** "Elections determined by ranked-choice voting" means any of the following elections in which 3 or more candidates have qualified to be listed on the ballot for a particular office or at least 2 such candidates plus one or more declared write-in candidates have qualified for that particular office:

A. Primary elections for the offices of United States Senator, United States Representative to Congress, Governor, State Senator and State Representative;

B. General and special elections for the offices of United States Senator and United States Representative to Congress;

D. General elections for presidential electors; and

E. Primary elections for the office of President of the United States.

**Sec. 2. 21-A MRSA §153-A, sub-§3,** as amended by PL 2005, c. 568, §6, is further amended to read:

**3. Signing petitions.** Once an alternative registration signature statement is on file with the registrar, the voter may authorize any other Maine-registered voter to sign candidate petitions, direct initiative of legislation petitions, people's veto petitions and any Maine Clean Election Act forms requiring a voter's signature in the presence and at the direction of the voter, except that the individual assisting the voter may not be a candidate, the circulator of the petition or form, the voter's employer or an agent of that employer or an officer or agent of the voter's union. In addition to using the voter's signature stamp or signing for the voter, the individual assisting the voter must print and sign the individual's own name and residence address on the petition or form and attest that the individual is signing on the voter's behalf. This method of signing satisfies the requirements in this Title that voters personally sign candidate petitions. This method of signing also satisfies the requirements of the Constitution of Maine, Article IV, Part Third, Section 20 that petitions for the direct initiative of legislation and people's veto petitions contain the original signatures of the petitioners.

**Sec. 3. 21-A MRSA §232, sub-§1,** as enacted by PL 2019, c. 409, §6 and affected by §9, is amended to read:

**1. Application for driver's license or nondriver identification card; creation of pending voter registration record.** If an individual applies for, renews or updates a driver's license or nondriver identification card from the bureau, unless the individual opts out under section 234, the bureau shall ~~scan~~ record the documentation provided by the individual that provides proof of voter eligibility and create a pending voter registration record for that individual, which must be stored electronically in the bureau's database. The pending voter registration record and the record of the accompanying ~~scanned~~ documentation must be in a searchable, auditable format.

**Sec. 4. 21-A MRSA §232, sub-§5** is enacted to read:

**5. Implementation.** Notwithstanding any provision of law to the contrary, the bureau may conduct the activities in subsections 1 to 3 beginning January 1, 2022 but is not required to comply with the requirements of subsections 1 to 3 until June 1, 2022.

**Sec. 5. 21-A MRSA §335, sub-§5,** as amended by PL 2019, c. 445, §1, is further amended to read:

**5. Number of signatures required.** Petitions must be signed by the following numbers of voters: