

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTIETH LEGISLATURE

SECOND SPECIAL SESSION
September 29, 2021

SECOND REGULAR SESSION
January 5, 2022 to May 9, 2022

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 29, 2021

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
AUGUST 8, 2022

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

Augusta, Maine
2022

§1815. Completion of period of probation

A period of probation is completed when the last day of the period, excluding any days during which the running of the period of probation is tolled, ends.

PART E

Sec. E-1. 17-A MRSA §253, sub-§2, ¶M, as amended by PL 2019, c. 438, §2, is further amended to read:

M. The other person has not expressly or impliedly acquiesced to the sexual act and the actor is criminally negligent with regard to whether the other person has acquiesced. Violation of this paragraph is a Class C crime; or

Sec. E-2. 17-A MRSA §255-A, sub-§1, ¶A, as enacted by PL 2001, c. 383, §23 and affected by §156, is amended to read:

A. The other person has not expressly or impliedly acquiesced in the sexual contact and the actor is criminally negligent with regard to whether the other person has acquiesced. Violation of this paragraph is a Class D crime;

Sec. E-3. 17-A MRSA §255-A, sub-§1, ¶B, as enacted by PL 2001, c. 383, §23 and affected by §156, is amended to read:

B. The other person has not expressly or impliedly acquiesced in the sexual contact, the actor is criminally negligent with regard to whether the other person has acquiesced and the sexual contact includes penetration. Violation of this paragraph is a Class C crime;

Sec. E-4. 17-A MRSA §260, sub-§1, ¶A, as enacted by PL 2003, c. 138, §5, is amended to read:

A. The other person has not expressly or impliedly acquiesced in the sexual touching and the actor is criminally negligent with regard to whether the other person has acquiesced. Violation of this paragraph is a Class D crime;

See title page for effective date.

CHAPTER 609

S.P. 691 - L.D. 1954

An Act To Ensure Access to Prescription Contraceptives

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

Sec. 1. 24 MRSA §2332-J, sub-§4 is enacted to read:

4. Coverage of contraceptive supplies. Coverage required under this section must include coverage for contraceptive supplies in accordance with the following

requirements. For purposes of this section, "contraceptive supplies" means all contraceptive drugs, devices and products approved by the federal Food and Drug Administration to prevent an unwanted pregnancy.

A. Coverage must be provided without any deductible, coinsurance, copayment or other cost-sharing requirement.

B. If the federal Food and Drug Administration has approved one or more therapeutic equivalents of a contraceptive supply, an insurer is not required to cover all those therapeutically equivalent versions in accordance with this subsection, as long as at least one is covered without any deductible, coinsurance, copayment or other cost-sharing requirement in accordance with this subsection.

C. Coverage must be provided for the furnishing or dispensing of prescribed contraceptive supplies intended to last for a 12-month period, which may be furnished or dispensed all at once or over the course of the 12 months at the discretion of the health care provider.

Sec. 2. 24-A MRSA §2756, sub-§3, as enacted by PL 2017, c. 190, §1, is amended to read:

3. Coverage of contraceptive supplies. Coverage required under this section must include coverage for contraceptive supplies in accordance with the following requirements. For purposes of this section, "contraceptive supplies" means all contraceptive drugs, devices and products approved by the federal Food and Drug Administration to prevent an unwanted pregnancy.

A. Coverage must be provided without any deductible, coinsurance, copayment or other cost-sharing requirement for at least one contraceptive supply within each method of contraception that is identified by the federal Food and Drug Administration to prevent an unwanted pregnancy and prescribed by a health care provider.

B. If there is a therapeutic equivalent of a contraceptive supply within a contraceptive method approved by the federal Food and Drug Administration, an insurer may provide coverage for more than has approved one or more therapeutic equivalents of a contraceptive supply and may impose, an insurer is not required to cover all those therapeutically equivalent versions in accordance with this subsection, as long as at least one is covered without any deductible, coinsurance, copayment or other cost-sharing requirements as long as at least one contraceptive supply within that method is available without cost sharing requirement in accordance with this subsection.

C. If an individual's health care provider recommends a particular contraceptive supply approved by the federal Food and Drug Administration for the individual based on a determination of medical

~~necessity, the insurer shall defer to the provider's determination and judgment and shall provide coverage without cost sharing for the prescribed contraceptive supply.~~

D. Coverage must be provided for the furnishing or dispensing of prescribed contraceptive supplies intended to last for a 12-month period, which may be furnished or dispensed all at once or over the course of the 12 months at the discretion of the health care provider.

Sec. 3. 24-A MRSA §2847-G, sub-§4, as enacted by PL 2017, c. 190, §2, is amended to read:

4. Coverage of contraceptive supplies. Coverage required under this section must include coverage for contraceptive supplies in accordance with the following requirements. For purposes of this section, "contraceptive supplies" means all contraceptive drugs, devices and products approved by the federal Food and Drug Administration to prevent an unwanted pregnancy.

A. Coverage must be provided without any deductible, coinsurance, copayment or other cost-sharing requirement ~~for at least one contraceptive supply within each method of contraception that is identified by the federal Food and Drug Administration to prevent an unwanted pregnancy and prescribed by a health care provider.~~

B. ~~If there is a therapeutic equivalent of a contraceptive supply within a contraceptive method approved by the federal Food and Drug Administration, an insurer may provide coverage for more than has approved one or more therapeutic equivalents of a contraceptive supply and may impose, an insurer is not required to cover all those therapeutically equivalent versions in accordance with this subsection, as long as at least one is covered without any deductible, coinsurance, copayment or other cost-sharing requirements as long as at least one contraceptive supply within that method is available without cost sharing requirement in accordance with this subsection.~~

C. ~~If an individual's health care provider recommends a particular contraceptive supply approved by the federal Food and Drug Administration for the individual based on a determination of medical necessity, the insurer shall defer to the provider's determination and judgment and shall provide coverage without cost sharing for the prescribed contraceptive supply.~~

D. Coverage must be provided for the furnishing or dispensing of prescribed contraceptive supplies intended to last for a 12-month period, which may be furnished or dispensed all at once or over the course of the 12 months at the discretion of the health care provider.

Sec. 4. 24-A MRSA §4247, sub-§4, as enacted by PL 2017, c. 190, §3, is amended to read:

4. Coverage of contraceptive supplies. Coverage required under this section must include coverage for contraceptive supplies in accordance with the following requirements. For purposes of this section, "contraceptive supplies" means all contraceptive drugs, devices and products approved by the federal Food and Drug Administration to prevent an unwanted pregnancy.

A. Coverage must be provided without any deductible, coinsurance, copayment or other cost-sharing requirement ~~for at least one contraceptive supply within each method of contraception that is identified by the federal Food and Drug Administration to prevent an unwanted pregnancy and prescribed by a health care provider.~~

B. ~~If there is a therapeutic equivalent of a contraceptive supply within a contraceptive method approved by the federal Food and Drug Administration, a health maintenance organization may provide coverage for more than has approved one or more therapeutic equivalents of a contraceptive supply and may impose, a health maintenance organization is not required to cover all those therapeutically equivalent versions in accordance with this subsection, as long as at least one is covered without any deductible, coinsurance, copayment or other cost-sharing requirements as long as at least one contraceptive supply within that method is available without cost sharing requirement in accordance with this subsection.~~

C. ~~If an individual's health care provider recommends a particular contraceptive supply approved by the federal Food and Drug Administration for the individual based on a determination of medical necessity, the health maintenance organization shall defer to the provider's determination and judgment and shall provide coverage without cost sharing for the prescribed contraceptive supply.~~

D. Coverage must be provided for the furnishing or dispensing of prescribed contraceptive supplies intended to last for a 12-month period, which may be furnished or dispensed all at once or over the course of the 12 months at the discretion of the health care provider.

Sec. 5. 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, 2023. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 6. Exemption from review. Notwithstanding the Maine Revised Statutes, Title 24-A, sec-

tion 2752, this Act is enacted without review and evaluation by the Department of Professional and Financial Regulation, Bureau of Insurance.

Sec. 7. No addition to State's essential health benefits; legislative finding. The requirements of this Act do not constitute an addition to the State's essential health benefits that requires defrayal of costs by the State pursuant to 42 United States Code, Section 18031(d)(3)(B) because this Act clarifies that health insurance carriers must provide coverage for contraceptive supplies prescribed by an individual's health care provider without cost sharing.

See title page for effective date.

CHAPTER 610

H.P. 1458 - L.D. 1958

An Act To Amend the Maine Parentage Act with Regard to Presumed Parentage

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

Sec. 1. 19-A MRSA §1832, sub-§1, as enacted by PL 2015, c. 296, Pt. A, §1 and affected by Pt. D, §1, is amended to read:

1. Acknowledged father parent. "Acknowledged ~~father parent~~" means a man person who has established parentage under subchapter 3.

Sec. 2. 19-A MRSA §1881, sub-§4, as enacted by PL 2015, c. 296, Pt. A, §1 and affected by Pt. D, §1, is amended to read:

4. Rebuttal or challenge of presumption. A presumption established under this subchapter may be rebutted or challenged only by a court determination of parentage pursuant to section 1882 or a valid denial of parentage under subchapter 3.

Sec. 3. 19-A MRSA §1882, as enacted by PL 2015, c. 296, Pt. A, §1 and affected by Pt. D, §1, is amended to read:

§1882. Challenge to ~~presumed-parent~~ presumption of parentage

1. Two-year limitation. Except as provided in subsection 2, a proceeding to challenge the parentage of an individual whose parentage is presumed under section 1881 must be commenced not later than 2 years after the birth of the child; otherwise the presumption cannot be rebutted. If such a proceeding is commenced within 2 years by a presumed parent, by the woman who gave birth to the child or by a 3rd party with a claim of parentage, the following apply.

A. If the presumed parent is also identified under section 1904 as a genetic parent of the child, the

court shall adjudicate the presumed parent to be a parent of the child.

B. If the presumed parent is not identified under section 1904 as a genetic parent of the child and the genetic parent is not a donor under section 1922, the court shall adjudicate the parentage of the child in accordance with the factors in section 1912, subsection 2, consistent with section 1901, subsection 2, section 1915, subsection 2 and this chapter. Challenges regarding the parentage of a child conceived through assisted reproduction must be resolved under subchapter 7.

2. Later than 2 years. A proceeding to challenge the parentage of an individual whose parentage is presumed under section 1881 may not be commenced, and the presumption of parentage under section 1881 cannot be rebutted, more than 2 years after the birth of the child except in the following situations.

A. A presumed parent under section 1881, subsection 1 who is not the genetic parent of a child and who could not reasonably have known about the birth of the child may commence a proceeding under this subsection within 2 years after learning of the child's birth.

B. An alleged genetic parent who did not know of the potential genetic parentage of a child, and who could not reasonably have known on account of material misrepresentation or concealment, may commence a proceeding under this subsection within 2 years after discovering the potential genetic parentage. If the individual is adjudicated to be the genetic parent of the child, the court may not disestablish a presumed parent and, consistent with section 1853, subsection 2, the court shall determine parental rights and responsibilities of the parents in accordance with section 1653.

C. ~~A mother~~ The woman who gave birth or a presumed parent under section 1881, subsection 3 disputing the validity of the presumption may commence a proceeding under this subsection at any time.

Sec. 4. 19-A MRSA §1901, as enacted by PL 2015, c. 296, Pt. A, §1 and affected by Pt. D, §1, is repealed and the following enacted in its place:

§1901. Scope of subchapter

1. Scope. This subchapter governs procedures and requirements of genetic testing and genetic testing results of an individual to determine parentage and adjudication of parentage based on genetic testing, whether the individual voluntarily submits to testing or is tested pursuant to an order of the court or the department.

2. Genetic testing. Genetic testing may not be used to challenge the parentage of a person who is a parent by operation of law under subchapter 7 or 8 or to establish the parentage of a person who is a donor.