

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

Sec. 5. Appropriations and allocations. The following appropriations and allocations are made.

**PUBLIC SAFETY, DEPARTMENT OF
Gambling Control Board Z002**

Initiative: Provides allocation for one Public Safety Inspector I position and associated All Other costs.

OTHER SPECIAL REVENUE FUNDS	2021-22	2022-23
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	\$0	\$75,161
All Other	\$0	\$8,389
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$83,550

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

Effective April 20, 2022.

CHAPTER 637

H.P. 1309 - L.D. 1758

**An Act Regarding Access to
Telehealth Behavioral Health
Services during Public Health
Emergencies**

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

Sec. 1. 22 MRSA §51 is enacted to read:

§51. Exemption to written informed consent requirement for mental health services and substance use disorder treatment during public health emergency

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Licensed facility" means a facility licensed under Title 5, section 20005, subsection 6, paragraph B or Title 34-B, section 1203-A.

B. "Public health emergency" means a federal public health emergency declared pursuant to 42 United States Code, Section 247d or a state public health emergency declared pursuant to section 802 or Title 37-B, chapter 13, subchapter 2.

2. Informed consent. The department may not require a licensed facility to obtain written informed consent from a person receiving mental health services or substance use disorder treatment from the licensed facility during a public health emergency. A licensed facility shall obtain consent from a person receiving mental health services or substance use disorder treatment

during a public health emergency; such consent may be obtained through verbal, electronic or written means.

3. Rulemaking. The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. Department of Health and Human Services to amend certain licensing rules. No later than January 1, 2023, the Department of Health and Human Services shall amend its rules in 14-193 C.M.R. Chapter 6, Licensing of Mental Health Facilities, and 14-118 C.M.R. Chapter 5, Regulations for Licensing and Certifying of Substance Abuse Treatment Programs, to allow a facility licensed under the Maine Revised Statutes, Title 5, section 20005, subsection 6, paragraph B or Title 34-B, section 1203-A to obtain consent through verbal, electronic or written means from a person during a public health emergency in accordance with Title 22, section 51. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

See title page for effective date.

CHAPTER 638

H.P. 1355 - L.D. 1822

**An Act To Improve Access to
Behavioral Health Services by
Limiting Cost Sharing by
Insurers**

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

Sec. 1. 24-A MRSA §4320-A, sub-§3, as enacted by PL 2019, c. 653, Pt. C, §1, is amended to read:

3. Primary health services. An individual or small group health plan with an effective date ~~on or after~~ from January 1, 2021 to December 31, 2022 must provide coverage without cost sharing for the first primary care office visit and first behavioral health office visit in each plan year and may not apply a deductible or coinsurance to the 2nd or 3rd primary care and 2nd or 3rd behavioral health office visits in a plan year. Any ~~copays~~ copayments for the 2nd or 3rd primary care and 2nd or 3rd behavioral health office visits in a plan year count toward the deductible. This subsection does not apply to a plan offered for use with a health savings account unless the federal Internal Revenue Service determines that the benefits required by this section are permissible benefits in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2). The superintendent shall conduct a study analyzing the effects of this subsection on premiums based on experience in plan years 2020 and 2021. The superintendent may adopt rules as necessary to address the coordination of the requirements of this subsection