

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

(2) Review assumptions and recommendations from rate determinations under subsection 2, paragraph C;

(3) Review findings from benchmarking reports to inform the appropriateness of MaineCare rate levels across services; and

(4) Advise on other related technical matters, as appropriate.

C. The panel shall meet at least twice per year and as otherwise convened by the commissioner. Meetings of the panel are public, and the panel shall provide public notice of each meeting and an opportunity for public comment.

6. **MaineCare Advisory Committee.** The MaineCare Advisory Committee, required by 42 Code of Federal Regulations, Section 431.12 and further described in department rules, and referred to in this subsection as "the committee," shall participate in the department's rate-setting system in accordance with this subsection.

A. The committee must include a permanent rate system subcommittee that allows broad participation by the full spectrum of types of MaineCare providers. Participation in the rate system subcommittee may not be limited by number or type of stakeholder in order to allow for participation by any stakeholder affected by MaineCare reimbursement policy and interested in participating in the work of the subcommittee.

B. At each meeting of the committee or rate system subcommittee, if requested by the chair of the committee or rate system subcommittee, the department shall provide updates on the department's planned and completed activities under this section for discussion and advisement, including, but not limited to, the following:

(1) Schedule and status of rate determination, planned and in progress, by MaineCare section of policy;

(2) Status of and plans for comprehensive benchmarking studies; and

(3) Contemplated rulemaking to establish rate methodology resulting from rate determination processes.

C. The rate system subcommittee may formulate and present recommendations to the committee pertaining to the department's activities under this section.

7. **Index of MaineCare rates by service code; publicly accessible website.** The department shall maintain and annually update a centralized master index of rates by service code and post this index on its publicly accessible website. The index must contain the following:

A. The service code, including any modifiers that affect reimbursement;

B. The current year rate;

C. The source for the rate, including, but not limited to, Medicare or alternate payer benchmark, rate study or other source, and the year and the author of the review, study or report that justified the rate;

D. The year the base rate was last updated prior to the application of any subsequent cost-of-living adjustments;

E. Whether the rate is subject to cost-of-living adjustments and, if so, the identity of the benchmark index;

F. The section of MaineCare policy pursuant to which the rate was adopted; and

G. The target date for the next rate review.

In addition to the index, the department shall post on its publicly accessible website all rate studies, benchmark reports and other materials used by the department to develop the rates and payment models.

8. **Notice prior to implementation.** For planned rate changes that do not require rulemaking as described in subsection 3, the department shall provide notice prior to implementation, of no less than 30 calendar days for cost-of-living adjustments and no less than 7 calendar days for Medicare fee schedule changes or the addition of new service codes, to stakeholders who request to receive such notice.

See title page for effective date.

CHAPTER 640

H.P. 1406 - L.D. 1899

An Act To Ensure Safe Entry and Access for People Seeking Health Care and Other Constitutional Rights

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

Sec. 1. 5 MRSA §4684-B, sub-§1, ¶B-1 is enacted to read:

B-1. "Medical safety zone" means an area extending 8 feet from the center of the entrance of a building in which patients receive health services.

Sec. 2. 5 MRSA §4684-B, sub-§2, as enacted by PL 1995, c. 417, §3, is amended to read:

2. ~~Violation~~ Intentional violation. It is a violation of this ~~section~~ subsection for any person, whether or not acting under color of law, to intentionally inter-

fere or attempt to intentionally interfere with the exercise or enjoyment by any other person of rights secured by the United States Constitution or the laws of the United States or of rights secured by the Constitution of Maine or laws of the State by any of the following conduct:

- A. Engaging in the physical obstruction of a building;
- B. Making or causing repeated telephone calls to a person or a building, whether or not conversation ensues, with the intent to impede access to a person's or building's telephone lines or otherwise disrupt a person's or building's activities;
- C. Activating a device or exposing a substance that releases noxious and offensive odors within a building; or
- D. ~~After~~ During the posted hours of operating after having been ordered by a law enforcement officer to cease such noise, at any time after the order, intentionally making noise that can be heard within a building and with the further intent either:
 - (1) To jeopardize the health of persons receiving health services within the building; or
 - (2) To interfere with the safe and effective delivery of those services within the building.

Violation of this subsection is a Class E crime.

Sec. 3. 5 MRSA §4684-B, sub-§3 is enacted to read:

3. Knowing violation. It is a violation of this subsection for any person to knowingly enter into, remain in or create an obstruction in a medical safety zone during the posted hours of operation of the provider of a health service, with the following exceptions:

- A. A person entering or leaving the building;
- B. A person using the public sidewalk or street right-of-way adjacent to the building solely for the purpose of reaching a destination other than the building;
- C. A law enforcement officer, firefighter, emergency medical services provider, employee of a construction company or a utility or employee of a public works department or other municipal service acting in the course of employment; or
- D. An employee or agent of the health service or the operator of the building acting in the course of employment.

Violation of this subsection is a Class E crime.

Sec. 4. 5 MRSA §4684-B, sub-§4 is enacted to read:

4. Demarcation. At the request of the provider of a health service, a municipality shall mark the boundary

of the medical safety zone for the building in which the provider of a health service operates by painting lines or placing temporary markers. The municipality shall mark the boundary not later than the 30th day after the date the municipality receives a request under this subsection. The provider of a health service shall post or cause to be posted at least one sign at the boundary of the medical safety zone that contains:

- A. The following notice written in a clear and conspicuous manner: "HEALTH CARE FACILITY – NO STANDING IN THIS ZONE"; and
- B. A reference to subsection 3.

See title page for effective date.

CHAPTER 641

H.P. 1417 - L.D. 1911

An Act To Prevent the Further Contamination of the Soils and Waters of the State with So-called Forever Chemicals

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

Sec. 1. 38 MRSA §413, sub-§12 is enacted to read:

12. Sampling for perfluoroalkyl and polyfluoroalkyl substances. Notwithstanding section 414-A or any other provision of law to the contrary, the department by written notification may require a person licensed by the department to discharge wastewater to groundwater or any waters of the State to sample the effluent discharged for perfluoroalkyl and polyfluoroalkyl substances and to report the sample data to the department. Upon receipt of the written notification and as directed by the department, the person shall conduct the required sampling of the effluent for perfluoroalkyl and polyfluoroalkyl substances and report the sample data to the department.

As used in this subsection, "perfluoroalkyl and polyfluoroalkyl substances" has the same meaning as in Title 32, section 1732, subsection 5-A.

Sec. 2. 38 MRSA §1304, sub-§20 is enacted to read:

20. Land application of septage; prohibitions. Notwithstanding any provision of law to the contrary:

- A. The department may not issue a new license or permit authorizing a person to apply or spread septage at any location in the State; and
- B. A person licensed or permitted by the department to apply or spread septage at one or more locations in the State may not apply septage at a location authorized under that license or permit if the