

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

CHAPTER 691
S.P. 443 - L.D. 1357

**An Act To Clarify Health
Insurance Coverage for
Postpartum Care**

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

Sec. 1. 24-A MRSA §2743-B is enacted to read:

§2743-B. Maternity and postpartum care

An insurer that issues individual contracts providing maternity benefits shall provide coverage for 12 months following childbirth for postpartum care services and support necessary to transition a patient to a healthy and stable condition that meets the recommendations of the American College of Obstetricians and Gynecologists outlined in the "Optimizing Postpartum Care" opinion published May 2018. The postpartum care services and support provided in accordance with this section must include coverage for development of a postpartum care plan; contact with the patient within 3 weeks of the end of pregnancy; a comprehensive postpartum visit, including a full assessment of the patient's physical, social and psychological well-being; treatment of complications of pregnancy and childbirth, including pelvic floor disorders and postpartum depression; assessment of risk factors for cardiovascular disease; and care related to pregnancy loss.

Sec. 2. 24-A MRSA §2834-D is enacted to read:

§2834-D. Maternity and postpartum care

An insurer that issues group contracts providing maternity benefits shall provide coverage for 12 months following childbirth for postpartum care services and support necessary to transition a patient to a healthy and stable condition that meets the recommendations of the American College of Obstetricians and Gynecologists outlined in the "Optimizing Postpartum Care" opinion published May 2018. The postpartum care services and support provided in accordance with this section must include coverage for development of a postpartum care plan; contact with the patient within 3 weeks of the end of pregnancy; a comprehensive postpartum visit, including a full assessment of the patient's physical, social and psychological well-being; treatment of complications of pregnancy and childbirth, including pelvic floor disorders and postpartum depression; assessment of risk factors for cardiovascular disease; and care related to pregnancy loss.

Sec. 3. 24-A MRSA §4234-F is enacted to read:

§4234-F. Maternity and postpartum care

A health maintenance organization that issues individual and group contracts providing maternity benefits

shall provide coverage for 12 months following childbirth for postpartum care services and support necessary to transition a patient to a healthy and stable condition that meets the recommendations of the American College of Obstetricians and Gynecologists outlined in the "Optimizing Postpartum Care" opinion published May 2018. The postpartum care services and support provided in accordance with this section must include coverage for development of a postpartum care plan; contact with the patient within 3 weeks of the end of pregnancy; a comprehensive postpartum visit, including a full assessment of the patient's physical, social and psychological well-being; treatment of complications of pregnancy and childbirth, including pelvic floor disorders and postpartum depression; assessment of risk factors for cardiovascular disease; and care related to pregnancy loss.

Sec. 4. No addition to State's essential health benefits; legislative finding. The Legislature finds that 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 the requirements clarify that existing law mandating coverage for maternity benefits includes coverage for 12 months of postpartum care that meets the recommendations of the American College of Obstetricians and Gynecologists.

Sec. 5. Application. This Act applies 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.

See title page for effective date.

CHAPTER 692
H.P. 1144 - L.D. 1539

**An Act To Provide Access to
Fertility Care**

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

Sec. 1. 24-A MRSA §4320-S is enacted to read:

§4320-S. Coverage for fertility services

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

A. "Experimental fertility procedure" means a procedure for which the published medical evidence is not sufficient for the American Society for Reproductive Medicine, its successor organization or a comparable organization to regard the procedure as established medical practice.

B. "Fertility diagnostic care" means procedures, products, medications and services intended to provide information about an individual's fertility, including laboratory assessments and imaging studies.

C. "Fertility patient" means an individual or couple with infertility, an individual or couple who is at increased risk of transmitting a serious inheritable genetic or chromosomal abnormality to a child or an individual unable to conceive as an individual or with a partner because the individual or couple does not have the necessary gametes for conception.

D. "Fertility preservation services" means procedures, products, medications and services, intended to preserve fertility, consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization or a comparable organization for an individual who has a medical or genetic condition or who is expected to undergo treatment that may directly or indirectly cause a risk of impairment of fertility. "Fertility preservation services" includes the procurement and cryopreservation of gametes, embryos and reproductive material and storage from the time of cryopreservation for a period of 5 years. Storage may be offered for a longer period of time.

E. "Fertility treatment" means procedures, products, medications and services intended to achieve pregnancy that results in a live birth with healthy outcomes and that are provided in a manner consistent with established medical practice and professional guidelines published by the American Society for Reproductive Medicine, its successor organization or a comparable organization.

F. "Gamete" means a cell containing a haploid complement of deoxyribonucleic acid that has the potential to form an embryo when combined with another gamete. "Gamete" includes sperm and eggs.

G. "Infertility" means the presence of a demonstrated condition recognized by a provider as a cause of loss or impairment of fertility or a couple's inability to achieve pregnancy after 12 months of unprotected intercourse when the couple has the necessary gametes for conception, including the loss of a pregnancy occurring within that 12-month period, or after a period of less than 12 months due to a person's age or other factors. Pregnancy resulting in a loss does not cause the time period of trying to achieve a pregnancy to be restarted.

2. **Required coverage.** A carrier offering a health plan in this State shall provide coverage as provided in this subsection and as set forth in rules adopted by the bureau to an enrollee:

A. For fertility diagnostic care;

B. For fertility treatment if the enrollee is a fertility patient; and

C. For fertility preservation services.

3. **Limitations on coverage.** A health plan that provides coverage for the services required by this section may include reasonable limitations to the extent that these limitations are not inconsistent with the following requirements and rules adopted by the bureau.

A. A carrier may not impose a waiting period.

B. A carrier may not use any prior diagnosis or prior fertility treatment as a basis for excluding, limiting or otherwise restricting the availability of coverage required by this section.

C. A carrier may not impose any limitations on coverage for any fertility services based on an enrollee's use of donor gametes, donor embryos or surrogacy.

D. A carrier may not impose different limitations on coverage for, provide different benefits to or impose different requirements on a class of persons protected under Title 5, chapter 337 than those of other enrollees.

E. Any limitations imposed by a carrier must be based on an enrollee's medical history and clinical guidelines adopted by the carrier. Any clinical guidelines used by a carrier must be based on current guidelines developed by the American Society for Reproductive Medicine, its successor organization or a comparable organization, must cite with specificity any data or scientific reference relied upon, must be maintained in written form and must be made available to an enrollee in writing upon request.

4. **Certain services not required.** This section does not require a carrier to provide coverage for:

A. Any experimental fertility procedure; or

B. Any nonmedical costs related to donor gametes, donor embryos or surrogacy.

5. **Rules.** The superintendent may adopt rules to implement the requirements of this section, including, without limitation, cost-sharing, benefit design and clinical guidelines. In adopting rules under this subsection, the superintendent shall consider the clinical guidelines developed by the American Society for Reproductive Medicine, its successor organization or a comparable organization. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. **Evaluation.** Upon consultation with the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, the Superintendent of Insurance shall evaluate whether the

coverage required by the Maine Revised Statutes, Title 24-A, section 4320-S can be incorporated as part of the essential health benefit package as defined in Title 24-A, section 4320-D or whether the federal Centers for Medicare and Medicaid Services would determine that the transfer of costs defrayed by the State to the federal Centers for Medicare and Medicaid Services pursuant to 42 United States Code, Section 18031(d)(3)(B) would be required. The superintendent shall report by December 31, 2022 to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters concerning its consultation with the federal Centers for Medicare and Medicaid Services and the outcome of that consultation. The joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters may report out a bill based on the evaluation under this section to the First Regular Session of the 131st Legislature.

Sec. 3. Application. This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2024. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

See title page for effective date.

CHAPTER 693

S.P. 456 - L.D. 1579

An Act To Transition State and Local Motor Vehicle Fleets to Plug-in Hybrid Vehicles and Zero-emission Vehicles

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

Sec. 1. 5 MRSA §1830, sub-§12 is enacted to read:

12. Vehicle emissions goals. The Central Fleet Management Division and the Department of Public Safety in acquiring by purchase or lease and managing light-duty motor vehicles shall to the extent practicable do so in a manner designed to meet the following goals:

A. By 2025, increase the percentage of plug-in hybrid electric vehicles and zero-emission vehicles acquired annually to 50% of the annual acquisitions of light-duty motor vehicles; and

B. By 2030, increase the percentage of plug-in hybrid electric vehicles and zero-emission vehicles acquired annually to 100% of the annual acquisitions of light-duty motor vehicles.

For purposes of this subsection, "light-duty motor vehicle" means any vehicle with a gross vehicle weight rat-

ing of less than 10,000 pounds and "plug-in hybrid electric vehicle" has the same meaning as in Title 35-A, section 10126, subsection 1, paragraph D.

Sec. 2. 20-A MRSA §5401, sub-§15, ¶C, as amended by PL 2005, c. 2, Pt. D, §18 and affected by §§72 and 74 and c. 12, Pt. WW, §18, is further amended to read:

C. A school board may obtain a short-term loan or enter into a lease-purchase agreement to acquire school buses if the loan is approved by the unit's legislative body or if funds that can be used for the initial lease-purchase payment have been appropriated by the unit's legislative body. The term of a loan or a lease-purchase agreement may not exceed 5 years except that the term may be up to 15 years for zero-emission school buses. The commissioner shall establish a maximum amount for annual-term purchases in excess of the amount established in paragraph A. Beginning in fiscal year 2005-06, these expenditures must be subsidized in accordance with chapter 606-B.

Sec. 3. 20-A MRSA §5401, sub-§15-A is enacted to read:

15-A. Zero-emission public school bus fleet goal. The commissioner in approving school bus purchases, contracts and leases under subsection 15 shall to the extent practicable grant such approvals in a manner designed to result by 2035 in at least 75% of annual school bus acquisitions being zero-emission vehicles.

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

Sec. 4. 25 MRSA §2918 is enacted to read:

§2918. Vehicle emissions goals

The Department of Public Safety in acquiring and managing light-duty motor vehicles shall do so in accordance with Title 5, section 1830, subsection 12.

Sec. 5. 30-A MRSA §125, sub-§2 is enacted to read:

2. Vehicle emissions goals. In acquiring by purchase or lease light-duty motor vehicles a county shall to the extent practicable do so in a manner designed to increase by 2035 the percentage of plug-in hybrid electric vehicles and zero-emission vehicles acquired annually to 100% of the annual acquisitions of light-duty motor vehicles.

For purposes of this subsection, "light-duty motor vehicle" means any vehicle with a gross vehicle weight rating of less than 10,000 pounds and "plug-in hybrid electric vehicle" has the same meaning as in Title 35-A, section 10126, subsection 1, paragraph D.

Sec. 6. 30-A MRSA §3111 is enacted to read: