

# MAINE STATE LEGISLATURE

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**LAWS**  
**OF THE**  
**STATE OF MAINE**

**AS PASSED BY THE**

**ONE HUNDRED AND THIRTY-FIRST LEGISLATURE**

**FIRST REGULAR SESSION**  
**December 7, 2022 to March 30, 2023**

**FIRST SPECIAL SESSION**  
**April 5, 2023 to July 26, 2023**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST REGULAR SESSION**  
**NONEMERGENCY LAWS IS**  
**JUNE 29, 2023**

**THE GENERAL EFFECTIVE DATE FOR**  
**FIRST SPECIAL SESSION**  
**NONEMERGENCY LAWS IS**  
**OCTOBER 25, 2023**

**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**  
**2023**

**2. Lobbying prohibited.** Beginning December 4, 2024, a former officer or employee in the classified service or a former employee from the executive branch in the unclassified service of this State or a person who was employed in a position for which the salary is subject to adjustment by the Governor under Title 2, section 6 or that is described as a major policy-influencing position under Title 5, chapter 71 may not engage in compensated lobbying until one year after the termination of the employee's executive branch employment.

**3. Complaints and investigations.** A person may file a complaint with the commission specifying an alleged violation of this section. The commission staff shall notify the person against whom the complaint has been filed and may undertake an investigation of the alleged violation if directed by the commission. The commission may direct commission staff to undertake an investigation of an alleged violation of this section on its own motion.

**4. Penalty.** A person who intentionally violates this section is subject to a civil penalty not to exceed \$1,000, payable to the State and recoverable in a civil action.

See title page for effective date.

**CHAPTER 338**

**H.P. 1168 - L.D. 1836**

**An Act Regarding Insurance Coverage for Diagnostic and Supplemental Breast Examinations**

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

**Sec. 1. 24-A MRSA §2745-A**, as amended by PL 2007, c. 153, §1 and affected by §5, is further amended by amending the section headnote to read:

**§2745-A. Screening Coverage for screening mammograms and diagnostic and supplemental breast examinations**

**Sec. 2. 24-A MRSA §2745-A, sub-§1**, as amended by PL 2007, c. 153, §1 and affected by §5, is repealed.

**Sec. 3. 24-A MRSA §2745-A, sub-§1-A** is enacted to read:

**1-A. Definitions.** For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Cost-sharing requirements" means a deductible, coinsurance, copayment or out-of-pocket expense and any maximum limitation on the deductible, coinsurance, copayment or other out-of-pocket expense.

B. "Diagnostic breast examination" means a medically necessary examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, that is:

(1) Used to evaluate an abnormality seen on or suspected from a screening mammogram; or

(2) Used to evaluate an abnormality detected by another means of examination.

C. "Screening mammogram" means a radiologic procedure that is provided to an asymptomatic individual for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast. A screening mammogram also includes an additional radiologic procedure recommended by a provider when the results of an initial radiologic procedure are not definitive.

D. "Supplemental breast examination" means a medical examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, to screen for breast cancer when there is no abnormality seen or suspected, but, based on personal or family medical history or other additional factors, the individual has an increased risk of breast cancer.

**Sec. 4. 24-A MRSA §2745-A, sub-§2-A** is enacted to read:

**2-A. No cost-sharing requirements.** An individual insurance policy may not impose any cost-sharing requirements on a screening mammogram, diagnostic breast examination or supplemental breast examination performed by a provider in accordance with this section. This subsection does not apply to an individual policy offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

**Sec. 5. 24-A MRSA §2837-A**, as amended by PL 2007, c. 153, §2 and affected by §5, is further amended by amending the section headnote to read:

**§2837-A. Screening Coverage for screening mammograms and diagnostic and supplemental breast examinations**

**Sec. 6. 24-A MRSA §2837-A, sub-§1**, as amended by PL 2007, c. 153, §2 and affected by §5, is repealed.

**Sec. 7. 24-A MRSA §2837-A, sub-§1-A** is enacted to read:

**1-A. Definitions.** For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Cost-sharing requirements" means a deductible, coinsurance, copayment or out-of-pocket expense and any maximum limitation on the deductible, coinsurance, copayment or other out-of-pocket expense.

B. "Diagnostic breast examination" means a medically necessary examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, that is:

- (1) Used to evaluate an abnormality seen on or suspected from a screening mammogram; or
- (2) Used to evaluate an abnormality detected by another means of examination.

C. "Screening mammogram" means a radiologic procedure that is provided to an asymptomatic individual for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast. A screening mammogram also includes an additional radiologic procedure recommended by a provider when the results of an initial radiologic procedure are not definitive.

D. "Supplemental breast examination" means a medical examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, to screen for breast cancer when there is no abnormality seen or suspected, but, based on personal or family medical history or other additional factors, the individual has an increased risk of breast cancer.

**Sec. 8. 24-A MRSA §2837-A, sub-§2-A** is enacted to read:

**2-A. No cost-sharing requirements.** A group insurance policy may not impose any cost-sharing requirements on a screening mammogram, diagnostic breast examination or supplemental breast examination performed by a provider in accordance with this section. This subsection does not apply to a group policy offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

**Sec. 9. 24-A MRSA §4237-A**, as amended by PL 2007, c. 153, §3 and affected by §5, is further amended by amending the section headnote to read:

**§4237-A. Screening Coverage for screening mammograms and diagnostic and supplemental breast examinations**

**Sec. 10. 24-A MRSA §4237-A, sub-§1**, as amended by PL 2007, c. 153, §3 and affected by §5, is repealed.

**Sec. 11. 24-A MRSA §4237-A, sub-§1-A** is enacted to read:

**1-A. Definitions.** For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Cost-sharing requirements" means a deductible, coinsurance, copayment or out-of-pocket expense and any maximum limitation on the deductible, coinsurance, copayment or other out-of-pocket expense.

B. "Diagnostic breast examination" means a medically necessary examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, that is:

- (1) Used to evaluate an abnormality seen on or suspected from a screening mammogram; or
- (2) Used to evaluate an abnormality detected by another means of examination.

C. "Screening mammogram" means a radiologic procedure that is provided to an asymptomatic individual for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast. A screening mammogram also includes an additional radiologic procedure recommended by a provider when the results of an initial radiologic procedure are not definitive.

D. "Supplemental breast examination" means a medical examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, to screen for breast cancer when there is no abnormality seen or suspected, but, based on personal or family medical history or other additional factors, the individual has an increased risk of breast cancer.

**Sec. 12. 24-A MRSA §4237-A, sub-§2-A** is enacted to read:

**2-A. No cost-sharing requirements.** All individual and group coverage subject to this chapter may not impose any cost-sharing requirements on a screening mammogram, diagnostic breast examination or supplemental breast examination performed by a provider in accordance with this section. This subsection does not apply to individual or group coverage offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

**Sec. 13. 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, 2024. For purposes of this Act, all policies, contracts and certifi-

ates are deemed to be renewed no later than the next yearly anniversary of the contract date.

See title page for effective date.

**CHAPTER 339  
H.P. 152 - L.D. 231**

**An Act to Support the Maine  
Pediatric and Behavioral  
Health Partnership Program**

**Emergency preamble.** Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** youth in Maine are experiencing increased behavioral and mental health challenges as evidenced by increased rates of depression, suicidal ideation and suicide attempts; and

**Whereas,** the Department of Health and Human Services, Office of Child and Family Services' 2022 annual report on children's behavioral health services acknowledged that service availability and accessibility are a significant issue; and

**Whereas,** programs featuring child psychiatry telehealth consultation services for primary care physicians support diagnosis, care coordination and medication management and have demonstrated increased access for child and adolescent populations to mental health services; and

**Whereas,** the United States Department of Health and Human Services, Health Resources and Services Administration funded the establishment of these programs in over 50 states and territories to support child and adolescent mental health, and Maine's Department of Health and Human Services, along with private partners, developed the Maine Pediatric and Behavioral Health Partnership Program as the State's child psychiatry telehealth consultation service; and

**Whereas,** this legislation must take effect before the expiration of the 90-day period to timely address the expiration of funding for these programs; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

**Sec. 1.** 34-B MRSA §15003, sub-§11 is enacted to read:

**11. Statewide child psychiatry telehealth consultation service.** The department shall, to the extent

funding allows, establish a statewide child psychiatry telehealth consultation service known as the Maine Pediatric and Behavioral Health Partnership Program, referred to in this subsection as "the program," to support primary care physicians who are treating children and adolescent patients and need assistance with diagnosis, care coordination, medication management and any other necessary behavioral health questions to serve their patients. The program must include the following:

A. Oversight by a team consisting of at least one primary care provider and one child and adolescent psychiatrist serving part-time as medical directors to provide assistance to primary care physicians with questions regarding behavioral health services when treating children and adolescents;

B. Regional community teams that use all of the State's child and adolescent psychiatric and behavioral health resources and disseminate resources across the State to primary care physicians with child and adolescent patients;

C. An advisory board of key stakeholders, appointed by the department. The advisory board shall meet at least 4 times a year to assist the medical directors under paragraph A and continually review and evaluate the need for the program;

D. Working agreements with other social service and educational agencies that support primary care physicians; and

E. A system for the appropriate collection and sharing of data as required by the relevant state and federal laws, rules and regulations and as determined appropriate by the medical directors' team under paragraph A.

The department shall seek funding, including public and private grant funds and federal funds, to support the program.

**Sec. 2. Funding; reports.** The Department of Health and Human Services shall report to the Joint Standing Committee on Health and Human Services no later than January 31, 2024 on the funding sources and financial sustainability of the Maine Pediatric and Behavioral Health Partnership Program established pursuant to the Maine Revised Statutes, Title 34-B, section 15003, subsection 11. The committee is authorized to report out legislation related to the program to the Second Regular Session of the 131st Legislature.

**Sec. 3. Appropriations and allocations.** The following appropriations and allocations are made.

**HEALTH AND HUMAN SERVICES,  
DEPARTMENT OF**

**Mental Health Services - Children Z206**

Initiative: Provides allocations to establish a statewide child psychiatry telehealth consultation service to support primary care physicians who are treating children