

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND THIRTY-FIRST LEGISLATURE

SECOND REGULAR SESSION
January 3, 2024 to May 10, 2024

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
AUGUST 9, 2024

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

Augusta, Maine
2024

the reimbursements to municipalities for the state-mandated costs related to implementation and administration of the property tax stabilization program under the Maine Revised Statutes, Title 36, section 6281.

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

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Property Tax Stabilization Z368

Initiative: Provides a one-time allocation to fully reimburse municipalities for lost revenue under the property tax stabilization program under the Maine Revised Statutes, Title 36, section 6281.

OTHER SPECIAL REVENUE FUNDS	2023-24	2024-25
All Other	\$15,000,000	\$0
OTHER SPECIAL REVENUE FUNDS TOTAL	\$15,000,000	\$0

Property Tax Stabilization - Mandate Z369

Initiative: Provides a one-time allocation to reimburse municipalities for state-mandated costs related to implementation and administration of the property tax stabilization program under the Maine Revised Statutes, Title 36, section 6281.

OTHER SPECIAL REVENUE FUNDS	2023-24	2024-25
All Other	\$50,000	\$0
OTHER SPECIAL REVENUE FUNDS TOTAL	\$50,000	\$0

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF DEPARTMENT TOTALS

	2023-24	2024-25
OTHER SPECIAL REVENUE FUNDS	\$15,050,000	\$0
DEPARTMENT TOTAL - ALL FUNDS	\$15,050,000	\$0

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

Effective March 6, 2024.

**CHAPTER 521
H.P. 988 - L.D. 1533**

An Act to Provide for Consistent Billing Practices by Health Care Providers

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

Sec. 1. 24 MRSA §2332-E, as amended by PL 2003, c. 218, §1 and c. 469, Pt. D, §1 and affected by §9, is further amended to read:

§2332-E. Standardized claim forms

All nonprofit hospital or medical service organizations and nonprofit health care plans providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed health care practitioner must accept the current standardized claim form for professional services approved by the Federal Government and submitted electronically. All nonprofit hospital or medical service organizations and nonprofit health care plans providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically, and any claims for facility services must identify the physical location, including hospital off-campus locations, where services are provided. A nonprofit hospital or medical service organization or nonprofit health care plan may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to section 2985.

Sec. 2. 24-A MRSA §1912, as amended by PL 2005, c. 97, §1, is further amended to read:

§1912. Standardized claim forms

All administrators who administer claims and who provide payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed health care practitioner must accept the current standardized claim form for professional services approved by the Federal Government and submitted electronically. All administrators who administer claims and who provide payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically, and any claims for facility services must identify the physical location, including hospital off-campus locations, where services are provided. An administrator may not be required to accept a claim sub-

mitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title 24, section 2985. All services provided by a health care practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the administrator and health care practitioner. For purposes of this section, "office setting" means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.

Sec. 3. 24-A MRSA §2680, as amended by PL 2003, c. 218, §5 and c. 469, Pt. D, §5 and affected by §9, is further amended to read:

§2680. Standardized claim form

Administrators providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed health care practitioner or licensed hospital shall accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically, and any claims for facility services must identify the physical location, including hospital off-campus locations, where services are provided. An administrator may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title 24, section 2985.

Sec. 4. 24-A MRSA §2753, as amended by PL 2005, c. 97, §2, is further amended to read:

§2753. Standardized claim forms

All insurers providing individual medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a health care practitioner must accept the current standardized claim form for professional services approved by the Federal Government and submitted electronically. All insurers providing individual medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically, and any claims for facility services must identify the physical location, including hospital off-campus locations, where services are provided. An insurer may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required

to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title 24, section 2985. All services provided by a health care practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the insurer and health care practitioner. For purposes of this section, "office setting" means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.

Sec. 5. 24-A MRSA §2823-B, as amended by PL 2005, c. 97, §3, is further amended to read:

§2823-B. Standardized claim forms

All insurers providing group medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed health care practitioner must accept the current standardized claim form for professional services approved by the Federal Government and submitted electronically. All insurers providing group medical expense insurance on an expense-incurred basis providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically, and any claims for facility services must identify the physical location, including hospital off-campus locations, where services are provided. An insurer may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title 24, section 2985. All services provided by a health care practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the insurer and health care practitioner. For purposes of this section, "office setting" means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.

Sec. 6. 24-A MRSA §4235, as amended by PL 2005, c. 97, §4, is further amended to read:

§4235. Standardized claim forms

All health maintenance organizations providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed health care practitioner must accept the current standardized claim form for professional services approved by the Federal

Government and submitted electronically. All health maintenance organizations providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government and submitted electronically, and any claims for facility services must identify the physical location, including hospital off-campus locations, where services are provided. A health maintenance organization may not be required to accept a claim submitted on a form other than the applicable form specified in this section and may not be required to accept a claim that is not submitted electronically, except from a health care practitioner who is exempt pursuant to Title 24, section 2985. All services provided by a health care practitioner in an office setting must be submitted on the standardized federal form used by noninstitutional providers and suppliers. Services in a nonoffice setting may be billed as negotiated between the health maintenance organization and health care practitioner. For purposes of this section, "office setting" means a location where the health care practitioner routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis whether or not the office is physically located within a facility.

See title page for effective date.

CHAPTER 522

S.P. 627 - L.D. 1596

An Act to Expand Access to Drug Treatment Courts

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

Sec. 1. 4 MRSA §421, sub-§2, ¶E, as enacted by PL 1999, c. 780, §1, is amended to read:

E. To promote effective interaction and use of resources among justice system personnel and community agencies; ~~and~~

Sec. 2. 4 MRSA §421, sub-§2, ¶F, as enacted by PL 1999, c. 780, §1, is amended to read:

F. To reduce the overcrowding of prisons; ~~and~~

Sec. 3. 4 MRSA §421, sub-§2, ¶G is enacted to read:

G. To ensure that substance use disorder treatment programs are available statewide and accessible to residents in rural areas of the State.

See title page for effective date.

**CHAPTER 523
S.P. 851 - L.D. 2023**

An Act to Make Technical Changes to Maine's Tax Laws

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

PART A

Sec. A-1. 36 MRSA §251 is amended to read:

§251. Warrants for town assessment of state tax

When a state tax is imposed and required to be assessed by the proper municipal officers ~~of towns~~, the Treasurer of State shall send such warrants as ~~he is, from time to time, ordered to issue~~ prescribed under section 254 for the assessment thereof of that state tax to the assessors, requiring them ~~forthwith~~ immediately to assess the sum apportioned to their ~~town or place~~ municipality, and to commit their assessment to the constable or collector for collection.

Sec. A-2. 36 MRSA §252, as amended by PL 1975, c. 765, §3, is further amended to read:

§252. Time for issuance

When a state tax is ordered by the Legislature, the Treasurer of State shall send ~~his~~ warrants directed to the assessors of each municipality, as soon after the first day of April as is practicable, requiring them to assess upon the estates of ~~such~~ each municipality its proportion of the state tax for the current year; ~~and shall in a like manner for the succeeding year, send like warrants for the state tax.~~ The Treasurer of State shall send such warrants for the state tax in a similar manner for the succeeding year.

Sec. A-3. 36 MRSA §253 is amended to read:

§253. ~~requirements~~ Warrant requirements

~~The Warrants issued by the Treasurer of State in his warrant shall~~ must require the assessors of each municipality to make a fair list of their assessments, as required by this Title; to commit such list to the tax collector of such municipality in accordance with section 709; and to return a certificate ~~thereof~~ of those assessments in accordance with section 712.

Sec. A-4. 36 MRSA §382, as amended by PL 1973, c. 620, §11 and c. 625, §242 and repealed and replaced by c. 695, §7, is further amended to read:

§382. Failure of assessor to furnish information

If any municipal assessor or assessor of a primary assessing area fails to appear before the State Tax Assessor or ~~his~~ the State Tax Assessor's agent as provided in this Title, or to transmit to ~~him~~ the State Tax Assessor the lists named within 10 days after the mailing or publication of notice or notices to them to ~~so~~ appear or transmit ~~said~~ those lists, the State Tax Assessor may ~~in~~