

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals  
(may include minor formatting differences from printed original)

**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**

(c) For producers other than low-volume producers, the payment schedule adopted under this subparagraph must delineate criteria to be used to adjust producer payments in a manner that incentivizes: the use of recycled content in and increased recyclability of packaging material, lower toxicity in packaging material, a reduction of the amount of packaging material used, a reduction of litter from packaging material, increased reuse of packaging material and labeling of packaging material to reduce consumer confusion including by incentivizing accuracy in recyclability claims displayed on packaging material and that creates other incentives consistent with generally accepted industry standards.

**Sec. 2. 38 MRSA §2146, sub-§13, ¶E**, as enacted by PL 2021, c. 455, §2, is amended by enacting a new subparagraph (2-A) to read:

(2-A) The report under this paragraph due February 15, 2028 must include:

(a) Information regarding the criteria and standards adopted by other jurisdictions to regulate recyclability claims displayed on packaging material, including, but not limited to, the recyclability criteria and standards adopted by the California Department of Resources Recycling and Recovery pursuant to the California Public Resources Code, Division 30, Part 3, Chapter 5.7; and

(b) An evaluation of options for further incentivizing or ensuring accuracy in recyclability claims displayed on packaging material through amendments to the producer payment schedule adopted pursuant to paragraph A, subparagraph (1), through amendments to the criteria and standards for determining recyclability adopted pursuant to paragraph A, subparagraph (2) or through other amendments to this section or the rules adopted pursuant to this section.

This subparagraph applies only to the report due February 15, 2028.

See title page for effective date.

**CHAPTER 590  
H.P. 953 - L.D. 1498**

**An Act to Create a Liaison Program and Complaint Process Within the Bureau of Insurance for Independent Health Care Providers**

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

**Sec. 1. 24-A MRSA c. 56-A, sub-c. 2-B** is enacted to read:

**SUBCHAPTER 2-B**

**INDEPENDENT HEALTH CARE PROVIDER ASSISTANCE**

**§4329. Independent health care provider assistance**

**1. Independent health care provider defined.** For the purposes of this section, "independent health care provider" means an independent health care practitioner or group of independent health care practitioners with 6 or fewer health care practitioners, but does not include a health care practitioner employed by a hospital or health system or a group of health care practitioners that is owned or operated, in whole or in part, by a hospital or health system.

**2. Liaison program.** The bureau shall establish a liaison program, referred to in this section as "the program," to provide assistance to independent health care providers as set forth in this section.

**3. Duties.** The duties of the program include:

**A. Providing information to independent health care providers on how to contact the program for assistance through the bureau's publicly accessible website and through a toll-free number;**

**B. Providing information to independent health care providers on the bureau's publicly accessible website regarding the State's health insurance laws and rules and the rights and responsibilities of carriers and health care providers;**

**C. Assisting independent health care providers with inquiries related to the State's health insurance laws and rules; and**

**D. Receiving information from independent health care providers regarding regulatory or compliance issues that may have a market-wide impact.**

**4. Provider complaint process.** The bureau shall establish a process to receive and investigate complaints from independent health care providers regarding an alleged violation of any provision of this Title or any rule adopted pursuant to this Title. The bureau may also receive and investigate complaints from providers other than independent health care providers.

**5. Confidentiality.** With respect to the program or complaints, records, correspondence and reports of investigation in connection with actual or claimed violations of this Title or a rule adopted pursuant to this Title are confidential to the same extent as records, correspondence and reports of investigation of consumer complaints under section 216.

**6. Procedures for data collection.** The bureau may establish procedures for collecting, tracking and quantifying requests for assistance and complaints.

**7. Aggregate information.** The bureau shall compile and publish aggregate information regarding complaints received under subsection 4 on its publicly accessible website.

**8. Staffing resources.** The bureau may consider staffing resources and any limitations on those resources when establishing guidelines regarding the assistance provided through the program and complaint process.

**9. Rules.** The bureau may 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.

**10. No legal representation.** This section does not authorize the bureau to act as a legal representative of a provider or to provide assistance with contract negotiations or interpretations of the terms of contracts between providers and carriers in any manner through the program or complaint process.

**Sec. 2. Appropriations and allocations.** The following appropriations and allocations are made.

**PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF Insurance - Bureau of 0092**

Initiative: Provides funding for one Senior Insurance Analyst position to manage the independent health care provider assistance liaison program and complaint process.

OTHER SPECIAL REVENUE FUNDS	2023-24	2024-25
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	\$0	\$100,788
All Other	\$0	\$15,725
OTHER SPECIAL REVENUE FUNDS TOTAL	\$0	\$116,513

See title page for effective date.

**CHAPTER 591  
H.P. 1164 - L.D. 1832**

**An Act to Continue the Study of Community Paramedicine and to Make Changes Related to Health Insurance Coverage and Prior Authorization Requirements for Certain Ambulance Service Providers**

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

**Sec. 1. 24-A MRSA §4303-C, sub-§2, ¶B,** as amended by PL 2021, c. 222, §1, is further amended to read:

B. Except as provided for ambulance services in paragraph ~~D~~ D-1, unless the carrier and out-of-network provider agree otherwise, a carrier shall reimburse the out-of-network provider or enrollee, as applicable, for health care services rendered at the greater of:

- (1) The carrier's median network rate paid for that health care service by a similar provider in the geographic area where the service was provided; and
- (2) The median network rate paid by all carriers for that health care service by a similar provider in the geographic area where the service was provided as determined by the all-payer claims database maintained by the Maine Health Data Organization or, if Maine Health Data Organization claims data is insufficient or otherwise inapplicable, another independent medical claims database specified by the superintendent;

**Sec. 2. 24-A MRSA §4303-C, sub-§2, ¶D-1** is enacted to read:

D-1. Unless the carrier and out-of-network provider agree otherwise, a carrier shall reimburse an out-of-network provider for ambulance services that are covered emergency services at the rate applicable to the out-of-network provider pursuant to section 4303-F.

**Sec. 3. 24-A MRSA §4303-F, sub-§1, ¶E,** as amended by PL 2023, c. 468, §2, is amended to read:

E. A carrier may not require ~~an~~ a ground ambulance service provider to obtain prior authorization before transporting an enrollee to a hospital, between hospitals or from a hospital to a nursing home, hospice care facility or other health care facility, as defined in Title 22, section 328, subsection 8. A carrier may not require an air ambulance service provider to obtain prior