

§8702. Definitions**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)**

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 1995, c. 653, Pt. A, §2 (NEW); PL 1995, c. 653, Pt. A, §7 (AFF).]

1. Board. "Board" means the Board of Directors of the Maine Health Data Organization established pursuant to section 8703.

[PL 1995, c. 653, Pt. A, §2 (NEW); PL 1995, c. 653, Pt. A, §7 (AFF).]

1-A. Carrier. "Carrier" means an insurance company licensed in accordance with Title 24-A, including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to Title 24-A, chapter 81, a preferred provider organization, a fraternal benefit society or a nonprofit hospital or medical service organization or health plan licensed pursuant to Title 24. An employer exempted from the applicability of Title 24-A, chapter 56-A under the federal Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988) is not considered a carrier.

[PL 2001, c. 457, §1 (NEW).]

1-B. (TEXT EFFECTIVE ON CONTINGENCY: See PL 2013, c. 528, §12) Business associate. "Business associate" has the same meaning as under 45 Code of Federal Regulations, Section 160.103 (2013).

[PL 2013, c. 528, §2 (NEW); PL 2013, c. 528, §12 (AFF).]

2. Clinical data. "Clinical data" includes but is not limited to the data required to be submitted by providers and payors pursuant to sections 8708 and 8711.

[PL 2007, c. 136, §1 (AMD).]

2-A. (TEXT EFFECTIVE ON CONTINGENCY; See PL 2013, c. 528, §12) Covered entity. "Covered entity" has the same meaning as under 45 Code of Federal Regulations, Section 160.103 (2013).

[PL 2013, c. 528, §3 (NEW); PL 2013, c. 528, §12 (AFF).]

3. Financial data. "Financial data" includes but is not limited to financial information required to be submitted pursuant to section 8709.

[PL 1995, c. 653, Pt. A, §2 (NEW); PL 1995, c. 653, Pt. A, §7 (AFF).]

4. Health care facility. "Health care facility" means a public or private, proprietary or not-for-profit entity or institution providing health services, including, but not limited to, a radiological facility licensed under chapter 160, a health care facility licensed under chapter 405, an independent radiological service center, a federally qualified health center certified by the United States Department of Health and Human Services, Health Resources and Services Administration, a rural health clinic or rehabilitation agency certified or otherwise approved by the Division of Licensing and Regulatory Services within the Department of Health and Human Services, a home health care provider licensed under chapter 419, an assisted living facility or a residential care facility licensed under chapter 1663, a hospice provider licensed under chapter 1681, a state institution as defined under Title 34-B, chapter 1 and a mental health facility licensed under Title 34-B, chapter 1. For the purposes of this chapter, "health care facility" does not include retail pharmacies.

[PL 2023, c. 176, §36 (AMD).]

4-A. Health care practitioner. "Health care practitioner" has the meaning provided in Title 24, section 2502, subsection 1-A.

[PL 2003, c. 469, Pt. C, §18 (NEW).]

4-B. (TEXT EFFECTIVE ON CONTINGENCY: See PL 2013, c. 528, §12) HIPAA. "HIPAA" means the federal Health Insurance Portability and Accountability Act of 1996.

[PL 2013, c. 528, §4 (NEW); PL 2013, c. 528, §12 (AFF).]

5. Managed care organization. "Managed care organization" means an organization that manages and controls medical services, including but not limited to a health maintenance organization, a preferred provider organization, a competitive medical plan, a managed indemnity insurance program and a nonprofit hospital and medical service organization, licensed in the State.

[PL 1995, c. 653, Pt. A, §2 (NEW); PL 1995, c. 653, Pt. A, §7 (AFF).]

5-A. Medicare health plan sponsor. "Medicare health plan sponsor" means a health insurance carrier or other private company authorized by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to administer Medicare Part C and Part D benefits under a health plan or prescription drug plan.

[PL 2009, c. 71, §4 (AMD).]

5-B. Nonlicensed carrier. "Nonlicensed carrier" means a health insurance carrier that is not required to obtain a license in accordance with Title 24-A and pays health care claims on behalf of residents of this State.

[PL 2007, c. 136, §1 (NEW).]

6. Organization. "Organization" means the Maine Health Data Organization established under this chapter.

[PL 1995, c. 653, Pt. A, §2 (NEW); PL 1995, c. 653, Pt. A, §7 (AFF).]

7. Outpatient services. "Outpatient services" means all therapeutic or diagnostic health care services rendered to a person who has not been admitted to a hospital as an inpatient.

[PL 1995, c. 653, Pt. A, §2 (NEW); PL 1995, c. 653, Pt. A, §7 (AFF).]

8. Payor. "Payor" means a 3rd-party payor, 3rd-party administrator, Medicare health plan sponsor, pharmacy benefits manager or nonlicensed carrier.

[PL 2009, c. 71, §5 (AMD).]

8-A. Plan sponsor. "Plan sponsor" means any person, other than an insurer, who establishes or maintains a plan covering residents of this State, including, but not limited to, plans established or maintained by 2 or more employers or jointly by one or more employers and one or more employee organizations or the association, committee, joint board of trustees or other similar group of representatives of the parties that establish or maintain the plan.

[PL 2001, c. 457, §3 (NEW).]

8-B. Pharmacy benefits manager. "Pharmacy benefits manager" has the same meaning as in Title 24-A, section 4347, subsection 17.

[PL 2019, c. 469, §2 (AMD); PL 2019, c. 469, §9 (AFF).]

8-C. (TEXT EFFECTIVE ON CONTINGENCY: See PL 2013, c. 528, §12) Protected health information. "Protected health information" includes:

A. "Protected health information" as defined in 45 Code of Federal Regulations, Section 160.103 (2013); [PL 2013, c. 528, §5 (NEW); PL 2013, c. 528, §12 (AFF).]

B. Individually identifiable health information:

(1) That is demographic information about an individual reported to the organization that relates to the past, present or future physical or mental health or condition of the individual;

(2) That pertains to the provision of health care to an individual; or

(3) That relates to the past, present or future payment for the provision of health care to an individual and that identifies, or with respect to which there is a reasonable basis to believe the information could be used to identify, the individual; and [PL 2013, c. 528, §5 (NEW); PL 2013, c. 528, §12 (AFF).]

C. "Health care information" as defined in section 1711-C, subsection 1, paragraph E. [PL 2013, c. 528, §5 (NEW); PL 2013, c. 528, §12 (AFF).]
[PL 2013, c. 528, §5 (NEW); PL 2013, c. 528, §12 (AFF).]

9. Provider. "Provider" means a health care facility, health care practitioner, health product manufacturer or health product vendor but does not include a retail pharmacy.
[PL 2011, c. 233, §2 (AMD).]

9-A. Quality data. "Quality data" means information on health care quality required to be submitted pursuant to section 8708-A.
[PL 2003, c. 469, Pt. C, §20 (NEW).]

10. Restructuring data. "Restructuring data" means reports, charts and information required to be submitted pursuant to section 8710.
[PL 1995, c. 653, Pt. A, §2 (NEW); PL 1995, c. 653, Pt. A, §7 (AFF).]

10-A. Third-party administrator. "Third-party administrator" means any person who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on, residents of this State.
[PL 2001, c. 457, §3 (NEW).]

11. Third-party payor. "Third-party payor" means a health insurer, carrier, including a carrier that provides only administrative services for plan sponsors, nonprofit hospital, medical services organization or managed care organization licensed in the State. "Third-party payor" does not include carriers licensed to issue limited benefit health policies or accident, specified disease, vision, disability, long-term care or nursing home care policies.
[PL 2007, c. 695, Pt. A, §27 (RPR).]

SECTION HISTORY

PL 1995, c. 653, §A2 (NEW). PL 1995, c. 653, §A7 (AFF). PL 1997, c. 525, §1 (AMD). PL 1999, c. 353, §1 (AMD). PL 2001, c. 457, §§1-3 (AMD). PL 2001, c. 596, §B21 (AMD). PL 2001, c. 596, §B25 (AFF). PL 2001, c. 677, §2 (AMD). PL 2003, c. 469, §§C17-21 (AMD). PL 2003, c. 689, §B6 (REV). RR 2005, c. 2, §18 (COR). PL 2005, c. 253, §2 (AMD). PL 2007, c. 136, §1 (AMD). PL 2007, c. 240, Pt. VV, §2 (AMD). PL 2007, c. 466, Pt. B, §18 (AMD). PL 2007, c. 695, Pt. A, §§26, 27 (AMD). PL 2009, c. 71, §§4, 5 (AMD). PL 2011, c. 233, §§1, 2 (AMD). PL 2011, c. 443, §3 (AMD). PL 2013, c. 528, §§2-5 (AMD). PL 2013, c. 528, §12 (AFF). PL 2019, c. 469, §2 (AMD). PL 2019, c. 469, §9 (AFF). PL 2023, c. 176, §36 (AMD).

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