

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

H.P. 168 - L.D. 263

**An Act to Ensure Access to Family Planning Services**

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

**Sec. 1. 22 MRSA §332, sub-§1**, as enacted by PL 2007, c. 440, §7, is amended to read:

**1. Subsequent review following approval.** When the commissioner has approved an application filed unconditionally or subject to conditions pursuant to section 335, subsection 8, the commissioner may conduct a subsequent review to ensure compliance with any terms or conditions of approval within 3 years after the approved activity is undertaken. The 3-year time limitation does not apply to a subsequent review to ensure that the requirement set forth in section 335, subsection 1, paragraph G continues to be met. In ~~this~~ any subsequent review, the commissioner may hold a public hearing and may consider any material or significant changes in factors or circumstances relied upon by the commissioner in approving the application and significant and relevant information that either is new or was withheld by the applicant at the time of the process under section 335. If, upon review, the commissioner determines that any terms or conditions of the approval have not been met, the commissioner may take enforcement action consistent with subsection 3 and other applicable provisions of this Act.

**Sec. 2. 22 MRSA §335, sub-§1, ¶D**, as amended by PL 2011, c. 424, Pt. B, §15 and affected by Pt. E, §1, is further amended to read:

D. Does not result in inappropriate increases in service utilization, according to the principles of evidence-based medicine adopted by the Maine Quality Forum, as established in Title 24-A, section 6951, when the principles adopted by the Maine Quality Forum are directly applicable to the application; ~~and~~

**Sec. 3. 22 MRSA §335, sub-§1, ¶F**, as enacted by PL 2011, c. 424, Pt. B, §15 and affected Pt. E, §1, is amended to read:

F. In the case of a nursing facility project that proposes to add new nursing facility beds to the inventory of nursing facility beds within the State, is consistent with the nursing facility MaineCare funding pool and other applicable provisions of sections 333-A and 334-A.; and

**Sec. 4. 22 MRSA §335, sub-§1, ¶G** is enacted to read:

G. In the case of a project requiring a certificate of need pursuant to section 329, subsection 1 or section 329, subsection 4-A, paragraph B, will not cause a reduction in access to, geographic proximity of, timeliness of or quality of any family planning services, as defined in section 1902, subsection 4, or any abortion services, except that the commissioner may approve a project that will cause such a reduction if the commissioner finds:

(1) That the project is economically and financially feasible only if an obstetrical care service is closed or reduced in capacity; and

(2) After considering all reasonable alternatives, that access to other health care services will be substantially reduced if the project is not approved.

**Sec. 5. 22 MRSA §335, sub-§5-A, ¶H**, as enacted by PL 2007, c. 440, §18, is amended to read:

H. Except with regard to a project related to nursing facility services, a written assessment by the Director of the Maine Center for Disease Control and Prevention of the impact of the project on the health of ~~Maine citizens~~ persons living in the State, including without limitation an assessment of the impact of the project on access to, geographic proximity of, timeliness of and quality of any family planning services, as defined in section 1902, subsection 4, and any abortion services; and

**Sec. 6. 22 MRSA §336, sub-§3**, as amended by PL 2011, c. 648, §12, is further amended by enacting at the end a new blocked paragraph to read:

The commissioner may not find that a project primarily involves day-to-day operation of the facility in its current form if the commissioner finds that the project would result in a reduction of access to, geographic proximity of, timeliness of or quality of any family planning services, as defined in section 1902, subsection 4, or any abortion services unless the commissioner determines that the exceptions described in section 335, subsection 1, paragraph G are met.