

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND SEVENTEENTH LEGISLATURE

FIRST SPECIAL SESSION
November 28, 1995 to December 1, 1995

SECOND REGULAR SESSION
January 3, 1996 to April 4, 1996

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
JULY 4, 1996

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

J.S. McCarthy Company
Augusta, Maine
1995

duplicate license by the board for a fee of \$15 upon proof attestation of loss of the original shall pay a fee of \$15.

5. Additional prohibitions. A denturist may not:

A. Falsely claim to be a licensed dentist or allow another to falsely represent the denturist as a licensed dentist;

~~B. Perform otherwise than at the direction and under the direct supervision of a dentist licensed by the board and practicing in the State. Direct supervision requires the dentist to be on the same premises as the denturist;~~

B-1. Practice denturism on a person without having first received a statement of current oral conditions dated and signed by a licensed dentist no more than 30 days prior to the initiation of treatment. The statement must stipulate that the person's oral cavity is substantially free from disease and structurally sufficient to receive a denture or dentures. This statement remains effective for one year from the date of signature for the purpose of any adjustments or alterations necessary on the denture or dentures for which the statement was originally issued;

C. Perform a task beyond the denturist's competence; or

D. Administer, dispense or prescribe a medication or controlled substance.

6. Mental or physical examination. For the purposes of this subsection, by the application for and acceptance of the license, a licensed denturist is deemed to have given consent to a mental or physical examination when directed by the board. The board may direct the examination whenever it determines a denturist may be suffering from a mental illness that may be interfering with the competent practice of ~~denture technology denturism~~ or from the use of intoxicants or drugs to an extent that they are preventing the denturist from practicing ~~denture technology denturism~~ competently and with safety to the patients. A denturist examined pursuant to an order of the board does not have the privilege to prevent the testimony of the examining individual or to prevent the acceptance into evidence of the report of an examining individual. Failure to comply with an order of the board to submit to a mental or physical exam requires the Administrative Court to immediately order the license of the denturist suspended until the denturist submits to the examination.

Sec. 8. 32 MRSA §1100-E-1 is enacted to read:

§1100-E-1. Continuing education

As a condition of a license renewal, a denturist licensee shall submit evidence of successful completion of 20 hours of continuing education consisting of board-approved courses completed within the 2 years preceding the application for renewal. The board shall proportionally reduce the continuing education hours required for denturists who have been licensed for less than a 2-year period upon the date of renewal.

Sec. 9. 32 MRSA §1100-G, as amended by PL 1993, c. 600, Pt. A, §91, is repealed.

Sec. 10. Denturist. By January 1, 2001 the Commissioner of Professional and Financial Regulation shall make a recommendation to the joint standing committee of the Legislature having jurisdiction over professional regulatory boards as to whether a licensed denturist should be included on the Board of Dental Examiners and the committee may submit legislation to implement its conclusion regarding this subject.

Sec. 11. Revision clause. Wherever in the Maine Revised Statutes, Title 32, chapter 16 the words "denture technology" appear or reference is made to those words, they are amended to read and mean "denturism," and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

See title page for effective date.

CHAPTER 591

H.P. 1028 - L.D. 1443

An Act to Identify New Federal Mandates

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

Sec. 1. 5 MRSA §1670, as repealed and replaced by PL 1981, c. 534, Pt. D, is repealed and the following enacted in its place:

§1670. Notification procedure for new federal mandates

Every agency and department of the State shall submit to the State Budget Officer a list of any new laws, new regulations or other actions that may require the State to comply with any new federal mandate in the current biennium or the next biennium.

Each item listed must include how the mandate is funded, the required implementation date, the citations

or rulings authorizing the mandate and a brief description of the intended purpose of the mandate.

On or before January 1st of each year, the State Budget Officer shall compile a complete list of new federal mandates and distribute it to each member of the Legislature and to the Director of the Office of Fiscal and Program Review.

See title page for effective date.

CHAPTER 592

H.P. 1242 - L.D. 1702

An Act to Require That Diabetes Supplies and Self-management Training be Covered by Health Insurance Policies

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

Sec. 1. 24 MRSA §2332-F is enacted to read:

§2332-F. Coverage for diabetes supplies

All individual and group nonprofit hospital and medical services plan policies and contracts and all nonprofit health care plan policies and contracts must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-management training and educational services used to treat diabetes, if:

1. Certification of medical necessity. The subscriber's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and

2. Provision of medical services. The diabetes out-patient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health.

Sec. 2. 24-A MRSA §2754 is enacted to read:

§2754. Coverage for diabetes supplies

All individual health policies and contracts, except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts, must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-

management training and educational services used to treat diabetes, if:

1. Certification of medical necessity. The insured's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and

2. Provision of medical services. The diabetes out-patient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health.

Sec. 3. 24-A MRSA §2847-E is enacted to read:

§2847-E. Coverage for diabetes supplies

All group insurance policies and contracts, except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and contracts, must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-management training and educational services used to treat diabetes, if:

1. Certification of medical necessity. The insured's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and

2. Provision of medical services. The diabetes out-patient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health.

Sec. 4. 24-A MRSA §4240 is enacted to read:

§4240. Coverage for diabetes supplies

All health maintenance organization individual and group health contracts must provide coverage for the medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets, and the out-patient self-management training and educational services used to treat diabetes, if:

1. Certification of medical necessity. The enrollee's treating physician or a physician who specializes in the treatment of diabetes certifies that the equipment and services are necessary; and

2. Provision of medical services. The diabetes out-patient self-management training and educational services are provided through ambulatory diabetes