

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTIETH LEGISLATURE

FIRST SPECIAL SESSION
November 13, 2002 to November 14, 2002

ONE HUNDRED AND TWENTY-FIRST LEGISLATURE

FIRST REGULAR SESSION
December 4, 2002 to June 14, 2003

THE GENERAL EFFECTIVE DATE FOR
FIRST SPECIAL SESSION
NON-EMERGENCY LAWS IS
FEBRUARY 13, 2003

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 13, 2003

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

Penmor Lithographers
Lewiston, Maine
2003

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

Sec. 1. 22 MRSA §4056, sub-§5 is enacted to read:

5. Financial support. If, prior to the termination of parental rights, the parent was convicted of a crime against the child, the court may include in the termination order the requirement that the parent whose rights are terminated make a lump sum payment to assist in the future financial support of the child.

See title page for effective date.

CHAPTER 217

S.P. 90 - L.D. 231

An Act To Strengthen Delivery of Electricity Conservation Programs

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

Sec. 1. 35-A MRSA §3211-A, sub-§4, ¶D, as enacted by PL 2001, c. 624, §4, is amended to read:

D. Are proportionally equivalent on a per-kilowatt-hour basis to the total conservation expenditures of other transmission and distribution utilities, unless the commission finds that a different amount is justified; ~~however, any increase in an assessment on a transmission and distribution utility by the commission must be based on factors other than the achievement of proportional equivalency.~~

See title page for effective date.

CHAPTER 218

S.P. 292 - L.D. 897

An Act Concerning Health Insurance Reimbursement and Contracting Practices

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

Sec. 1. 24 MRSA §2332-E, as enacted by PL 1993, c. 477, Pt. D, §5 and affected by Pt. F, §1, is amended to read:

§2332-E. Standardized claim forms

~~On or after December 1, 1993, all~~ All nonprofit hospital or medical service organizations and non-

profit health care plans providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed physician or chiropractor must accept the current standardized claim form for professional services approved by the Federal Government. ~~On or after December 1, 1993, all~~ 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. 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.

Sec. 2. 24-A MRSA §1912, as enacted by PL 1993, c. 477, Pt. D, §8 and affected by Pt. F, §1, is amended to read:

§1912. Standardized claim forms

~~On or after December 1, 1993, all~~ All administrators who administer claims and who provide payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed physician or chiropractor must accept the current standardized claim form for professional services approved by the Federal Government. ~~On or after December 1, 1993, all~~ 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. An administrator may not be required to accept a claim submitted on a form other than the applicable form specified in this section.

Sec. 3. 24-A MRSA §2436, sub-§2-A, as enacted by PL 2001, c. 569, §1, is amended to read:

2-A. ~~For~~ Except as provided in this subsection, for purposes of this section, an "undisputed claim" means a timely claim for payment of covered health care expenses under a policy or certificate providing health care coverage that is submitted to an insurer on the insurer's standard claim form using the most current published procedural codes with all the required fields completed with correct and complete information in accordance with the insurer's published claims filing requirements. After January 1, 2005, for a provider with 10 or more full-time-equivalent employees, an "undisputed claim" means a timely claim for payment of covered health care expenses under a policy or certificate providing health care coverage that is submitted to an insurer in the insurer's standard electronic data format using the most current