

# MAINE STATE LEGISLATURE

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**LAWS**  
OF THE  
**STATE OF MAINE**

AS PASSED BY THE  
ONE HUNDRED AND ELEVENTH LEGISLATURE

**FIRST REGULAR SESSION**  
December 1, 1982 to June 24, 1983  
Chapters 453-End

AND AT THE  
**FIRST SPECIAL SESSION**  
September 6, 1983 to September 7, 1983  
Chapters 583-588

PUBLISHED BY THE DIRECTOR OF LEGISLATIVE RESEARCH  
IN ACCORDANCE WITH MAINE REVISED STATUTES  
ANNOTATED, TITLE 3, SECTION 164, SUBSECTION 6.

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J.S. McCarthy Co., Inc.  
Augusta, Maine  
1983

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**PUBLIC LAWS**  
OF THE  
**STATE OF MAINE**

AS PASSED AT THE  
FIRST REGULAR SESSION

CONTINUED

and

FIRST SPECIAL SESSION

of the

ONE HUNDRED AND ELEVENTH LEGISLATURE

1983

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Sec. 1. 30 MRSA §202, first ¶, as enacted by PL 1975, c. 736, §3, is amended to read:

The county commissioners of all counties ~~are authorized and empowered to~~ may appropriate funds for the hiring of a county administrator. The county administrator shall be chosen by the board of county commissioners solely on the basis of his executive and administrative qualifications with special reference to his actual experience in, or his knowledge of, the duties of office as set forth in the policies established by the board of county commissioners and by law. At the time of his appointment, he need not be a resident of the county, but during his tenure of office he may reside outside the county only with the approval of the board of county commissioners. A county administrator may not hold any other elective or appointed county office, except as provided in this section.

Sec. 2. 30 MRSA §202, 4th ¶, as enacted by PL 1975, c. 736, §3, is amended to read:

If the county commissioners hire a full-time county administrator, they shall not appoint another person as clerk of the county. If the county commissioners do not hire a full-time county administrator, then no county employee, other than county commissioners, may perform any of the administrative functions of a county administrator.

Sec. 3. 30 MRSA §202, last ¶, as enacted by PL 1975, c. 736, §3, is amended to read:

Notwithstanding section 2 and any other provision of law, if the county commissioners hire a full-time county administrator, they shall forgo the annual salary otherwise due them and shall only receive \$25 \$75 each for each meeting attended and reimbursement for travel at the same rate established for state employees.

Effective September 23, 1983.

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## CHAPTER 515

S.P. 596 - L.D. 1718

AN ACT to Provide Equitable Mental  
Health Insurance.

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

Sec. 1. 24 MRSA §2303, sub-§1, as repealed and replaced by PL 1975, c. 581, is amended to read:

1. Such corporation mentioned in section 2301 may enter into contracts for the rendering of health care to the subscribers only with institutions or persons licensed or accredited by the appropriate departments, commissions or boards of the several states. All contracts for the provision of health care issued by ~~such~~ the corporation shall constitute direct obligations of the provider of health care with which ~~such~~ the corporation has contracted for ~~such~~ that care. Contracts issued under a health care plan shall provide that the private provider-patient relationship shall exist between the patient and provider of health care, that the patient shall have a free choice of any provider of health care able and willing to provide ~~such~~ those services, all of which shall be based upon definite agreements covering health care provided through duly licensed providers, and any such provider of health care shall be free to refuse service for appropriate professional reasons. Nothing in this section ~~shall~~ may be construed to prohibit reciprocal arrangements for the exchange of health care between similar nonprofit hospital and medical service plans.

Sec. 2. 24 MRSA §2303, sub-§3, as repealed and replaced by PL 1975, c. 581, is repealed.

Sec. 3. 24 MRSA §2325, as amended by PL 1979, c. 663, §139, is repealed.

Sec. 4. 24 MRSA §2325-A is enacted to read:

§2325-A. Mental health services coverage

1. Findings. The Legislature finds that:

A. Mental illness affects nearly 170,000 Maine people each year, resulting in anguish, grief, desperation, fear, isolation and a sense of hopelessness of significant levels among victims and families;

B. Consequences of mental illness include the expenditure of millions of dollars of public funds for treatment and losses of millions of dollars by Maine businesses in accidents, absenteeism, nonproductivity and turnover. Excessive stress and anxiety and other forms of mental illness clearly contribute to general health problems and costs;

C. Typical health coverage in this State discriminates against mental illness, the victims and affected families with nonexistent or limited benefits compared to provisions for other illnesses; and

D. Experience in this State and several other states demonstrates that the risk of mental illness can be insured at reasonable cost and with adequate controls on quality and utilization of treatment.

2. Policy and purpose. The Legislature declares that it is the policy of this State to:

A. Promote equitable and nondiscriminatory health coverage benefits for all forms of illness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;

B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;

C. Assure that costs of treatment of mental illness are supported through an equitable combination of public and private responsibilities; and

D. Assure that the Legislature reasonably exercises its legal responsibility for insurance policy in this State by prescribing types of illnesses and treatment for which benefits shall be provided.

3. Definitions. For purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Day treatment services" includes psychoeducational, physiological, psychological and psychosocial concepts, techniques and processes to maintain or develop functional skills of clients, provided to individuals and groups for periods of more than 2 hours but less than 24 hours per day.

B. "Inpatient services" includes a range of physiological, psychological and other intervention concepts, techniques and processes in a community mental health psychiatric inpatient unit, general hospital psychiatric unit or psychiatric hospital licensed by the Department of Human Services or accredited public hospital to restore psychosocial functioning sufficient to allow maintenance and support of the client in a less restrictive setting.

C. "Outpatient services" includes screening, evaluation, consultations, diagnosis and treatment involving use of psychoeducational, physiological, psychological and psychosocial evaluative and interventive concepts, techniques

and processes provided to individuals and groups.

D. "Person suffering from a mental or nervous condition" means a person whose psychobiological processes are impaired severely enough to manifest problems in the areas of social, psychological or biological functioning. Such a person has a disorder of thought, mood, perception, orientation or memory which impairs judgment, behavior, capacity to recognize or ability to cope with the ordinary demands of life. The person manifests an impaired capacity to maintain acceptable levels of functioning in the areas of intellect, emotion or physical well-being.

E. "Provider" means those individuals included in Title 24, section 2303, subsection 2, and a licensed physician, an accredited public hospital or psychiatric hospital or a community agency licensed at the comprehensive service level by the Department of Mental Health and Mental Retardation. All agency or institutional providers named in this paragraph shall assure that services are supervised by a psychiatrist or licensed psychologist.

4. Requirement. Every nonprofit hospital or medical service organization which issues group health care contracts providing coverage for hospital care to residents of this State shall provide benefits as required in this section to any subscriber or other person covered under those contracts for conditions arising from mental illness.

5. Services. Each group contract shall provide, at a minimum, for the following benefits for a person suffering from a mental or nervous condition:

- A. Inpatient care;
- B. Day treatment services; and
- C. Outpatient services.

5-A. Exceptions. This section shall not apply to employee group insurance contracts issued to employers with 20 or fewer employees insured under the group contract.

6. Contracts; providers. Subject to the approval by the Superintendent of Insurance pursuant to section 2305, a nonprofit hospital or medical service organization incorporated under this chapter shall offer contracts to providers authorizing the provision of mental health services within the scope of the provider's licensure.

7. Limits; coinsurance; deductibles. Any policy

or contract which provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

8. Reports to the Superintendent of Insurance. Every nonprofit hospital or medical service organization subject to this section shall report its experience for each calendar year beginning with 1984 to the superintendent not later than April 30th of the following year. The report shall be in a form prescribed by the superintendent and shall include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for group health care contracts, both separated between those paid for inpatient, day treatment and outpatient services. The superintendent shall compile this data for all nonprofit hospital or medical service organizations in an annual report.

9. Application; expiration. The requirements of this section shall apply to all policies executed, delivered, issued for delivery or renewed in this State on or after January 1, 1984. The requirements of this section shall expire on January 1, 1988.

Sec. 5. 24-A MRSA §2838, as amended by PL 1979, c. 663, §148, is repealed.

Sec. 6. 24-A MRSA §2843 is enacted to read:

§2843. Mental health services coverage

1. Findings. The Legislature finds that:

A. Mental illness affects nearly 170,000 Maine people each year, resulting in anguish, grief, desperation, fear, isolation and a sense of hopelessness of significant levels among victims and families;

B. Consequences of mental illness include the expenditure of millions of dollars of public funds for treatment and losses of millions of dollars by Maine businesses in accidents, absenteeism, nonproductivity and turnover. Excessive stress and anxiety and other forms of mental illness clearly contribute to general health problems and costs;

C. Typical health coverage in this State discriminates against mental illness, the victims and affected families with nonexistent or limited benefits compared to provisions for other illnesses; and



D. Experience in this State and several other states demonstrates that the risk of mental illness can be insured at reasonable cost and with adequate controls on quality and utilization of treatment.

2. Policy and purpose. The Legislature declares that it is the policy of this State to:

A. Promote equitable and nondiscriminatory health coverage benefits for all forms of illness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost effective manner;

B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;

C. Assure that costs of treatment of mental illness are supported through an equitable combination of public and private responsibilities; and

D. Assure that the Legislature reasonably exercises its legal responsibility for insurance policy in this State by prescribing types of illnesses and treatment for which benefits shall be provided.

3. Definitions. For purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Day treatment services" includes psychoeducational, physiological, psychological and psychosocial concepts, techniques and processes to maintain or develop functional skills of clients, provided to individuals and groups for periods of more than 2 hours but less than 24 hours per day.

B. "Inpatient services" includes a range of physiological, psychological and other intervention concepts, techniques and processes in a community mental health psychiatric inpatient unit, general hospital psychiatric unit or psychiatric hospital licensed by the Department of Human Services or accredited public hospital to restore psychosocial functioning sufficient to allow maintenance and support of the client in a less restrictive setting.

C. "Outpatient services" includes screening, evaluation, consultations, diagnosis and treatment involving use of psychoeducational, physiological, psychological and psychosocial evalua-

tive and interventive concepts, techniques and processes provided to individuals and groups.

D. "Person suffering from a mental or nervous condition" means a person whose psychobiological processes are impaired severely enough to manifest problems in the areas of social, psychological or biological functioning. Such a person has a disorder of thought, mood, perception, orientation or memory which impairs judgment, behavior, capacity to recognize or ability to cope with the ordinary demands of life. The person manifests an impaired capacity to maintain acceptable levels of functioning in the areas of intellect, emotion or physical well-being.

E. "Provider" means individuals included in Title 24, section 2303, subsection 2, and a licensed physician with 3 years approved residency in psychiatry, an accredited public hospital or psychiatric hospital or a community agency licensed at the comprehensive service level by the Department of Mental Health and Mental Retardation. All agency or institutional providers named in this paragraph shall assure that services are supervised by a psychiatrist or licensed psychologist.

4. Requirement. Every insurer which issues group health care contracts providing coverage for hospital care to residents of this State shall provide benefits as required in this section to any subscriber or other person covered under those contracts for conditions arising from mental illness.

5. Services. Each group contract shall provide, at a minimum, for the following benefits for a person suffering from a mental or nervous condition:

- A. Inpatient care;
- B. Day treatment services; and
- C. Outpatient services.

5-A. Exceptions. This section shall not apply to employee group insurance policies issued to employers with 20 or fewer employees insured under the group policy.

6. Limits; coinsurance; deductibles. Any policy or contract which provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

7. Reports to the Superintendent of Insurance. Every insurer subject to this section shall report its experience for each calendar year beginning with 1984 to the superintendent not later than April 30th of the following year. The report shall be in a form prescribed by the superintendent and shall include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for group health care contracts, both separated between those paid for inpatient, day treatment and outpatient services. The superintendent shall compile this data for all insurers in an annual report.

8. Application; expiration. The requirements of this section shall apply to all policies executed, delivered, issued for delivery or renewed in this State on or after January 1, 1984. The requirements of this section shall expire on January 1, 1988.

Sec. 7. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

1984-85

FINANCE AND ADMINISTRATION,  
DEPARTMENT OF

Employee Group Health  
 Insurance Program

All Other \$268,800

Sec. 8. Allocation. The following funds are allocated from the Highway Fund to carry out the purposes of this Act.

1984-85

FINANCE AND ADMINISTRATION,  
DEPARTMENT OF

Employee Group Health  
 Insurance Program

All Other \$102,000

Effective September 23, 1983.

## CHAPTER 516

H.P. 1266 - L.D. 1677

AN ACT to Assure Public Awareness of  
 Nuclear Civil Protection Plans for Maine.