

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.

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

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

species which are not ordinarily collected, captured or killed for sport or profit.

Sec. 3. 36 MRSA §5284 is enacted to read:

§5284. Nongame wildlife voluntary checkoff

1. Maine Endangered and Nongame Wildlife Fund. Taxpayers who when filing their return are entitled to a refund under this Part may designate any part of that refund be paid into the Maine Endangered and Nongame Wildlife Fund established in Title 12, section 7757. Each individual income tax return form shall contain a designation in substantially the following form: "Contribution to Maine Endangered and Nongame Wildlife Fund: () \$1, () \$5, () \$10 or () Other \$_____."

2. Contributions credited to Maine Endangered and Nongame Wildlife Fund. The State Tax Assessor shall determine annually the total amount contributed pursuant to subsection 1. Prior to the beginning of the next year, he shall deduct the cost of administering the nongame checkoff, but not exceeding \$5,000 annually, and report the remainder to the Treasurer of State, who shall credit that amount to the Maine Endangered and Nongame Wildlife Fund, which is established in Title 12, section 7757.

Sec. 4. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

1983-84 1984-85

FINANCE AND ADMINISTRATION,
DEPARTMENT OF

Bureau of Taxation

All Other \$5,000 \$5,000

Sec. 5. Application. This Act shall apply to income tax returns filed on or after January 1, 1984.

Effective September 23, 1983.

CHAPTER 527

H.P. 1293 - L.D. 1714

AN ACT to Provide Equitable Health Care
for Alcoholism and Drug Dependency Treatment.

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

Sec. 1. 24 MRSA §2329, as enacted by PL 1981, c. 319, §1, is repealed and the following enacted in its place:

§2329. Equitable health care for alcoholism and drug dependency treatment

1. Purpose. The Legislature recognizes that alcoholism and drug dependency constitute major health problems in the State and in the Nation. The Legislature further recognizes that alcoholism is a disease and that alcoholism and drug dependency can be effectively treated. As such, alcoholism and drug dependency warrant the same attention from the health care industry as other serious diseases and illnesses. The Legislature further recognizes that health care contracts, at times, fail to provide adequate benefits for the treatment of alcoholism and drug dependency, which results in more costly health care for treatment of complications caused by the lack of early intervention and other treatment services for persons suffering from these illnesses. This situation causes a higher health care, social, law enforcement and economic cost to the citizens of this State than is necessary, including the need for the State to provide treatment to some subscribers at public expense. To assist the many citizens of this State who suffer from these illnesses in a more cost effective way, the Legislature declares that certain health care coverage providing benefits for the treatment of the illness of alcoholism and drug dependency shall be included in all group health care contracts.

2. Definitions. As used in this section, unless the context indicates otherwise, the following terms have the following meanings.

A. "Outpatient care" means care rendered by a state-licensed, approved or certified detoxification, residential treatment or outpatient program, or partial hospitalization program on a periodic basis, including, but not limited to, patient diagnosis, assessment and treatment, individual, family and group counseling and educational and support services.

B. "Residential treatment" means services at a facility that provides care 24 hours daily to one or more patients, including, but not limited to, the following services: Room and board; medical, nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and

group counseling; and educational and support services, including a designated unit of a licensed health care facility providing any and all other services specified in this paragraph to patients with the illnesses of alcoholism and drug dependency.

C. "Treatment plan" means a written plan initiated at the time of admission, approved by a Doctor of Medicine, Doctor of Osteopathy or a Registered Substance Abuse Counselor employed by a certified or licensed substance abuse program, including, but not limited to, the patient's medical, drug and alcoholism history; record of physical examination; diagnosis; assessment of physical capabilities; mental capacity; orders for medication, diet and special needs for the patient's health or safety and treatment, including medical, psychiatric, psychological, social services, individual, family and group counseling; and educational, support and referral services.

3. 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 the treatment of alcoholism and other drug dependency pursuant to a treatment plan.

4. Services; providers. Each group contract shall provide, at a minimum, for the following coverage, pursuant to a treatment plan:

A. Residential treatment at a hospital or free-standing residential treatment center which is licensed, certified or approved by the State; and

B. Outpatient care rendered by state licensed, certified or approved providers who have contracted with the nonprofit hospital or medical service organization under terms and conditions which the organization deems satisfactory to its membership.

Treatment or confinement at any facility shall not preclude further or additional treatment at any other eligible facility, provided that the benefit days used do not exceed the total number of benefit days provided for under the contract.

5. Exceptions. This section shall not apply to employee group insurance contracts issued to employ-

ers with 20 or fewer employees insured under the group contract.

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. Notice. At the time of delivery or renewal, the nonprofit hospital or medical service organization shall provide written notification to all individuals eligible for benefits under group policies or contracts of these alcoholism and drug dependency benefits.

8. Confidentiality. The confidentiality of all alcoholism and drug treatment patient records shall be protected.

9. 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 and outpatient services. The superintendent shall compile this data for all nonprofit hospital or medical service organizations in an annual report.

10. Application; expiration. The requirements of this section shall apply to all policies or contracts 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. 2. 24-A MRSa §2842, as enacted by PL 1981, c. 319, §2, is repealed and the following enacted in its place:

§2842. Equitable health care for alcoholism and drug dependency treatment

1. Purpose. The Legislature recognizes that alcoholism and drug dependency constitute major health problems in the State and in the Nation. The Legislature further recognizes that alcoholism is a

disease and that alcoholism and drug dependency can be effectively treated. As such, alcoholism and drug dependency warrant the same attention from the health care industry as other serious diseases and illnesses. The Legislature further recognizes that health insurance contracts, at times, fail to provide adequate benefits for the treatment of alcoholism and drug dependency, which results in more costly health care for treatment of complications caused by the lack of early intervention and other treatment services for persons suffering from these illnesses. This situation causes a higher health care, social, law enforcement and economic cost to the citizens of this State than is necessary, including the need for the State to provide treatment to some insureds at public expense. To assist the many citizens of this State who suffer from these illnesses in a more cost effective way, the Legislature declares that certain health insurance coverage providing benefits for the treatment of the illness of alcoholism and drug dependency shall be included in all group health insurance contracts.

2. Definitions. As used in this section, unless the context indicates otherwise, the following terms have the following meanings.

A. "Outpatient care" means care rendered by a state-licensed, approved or certified detoxification, residential treatment or outpatient program, or partial hospitalization program on a periodic basis, including, but not limited to, patient diagnosis, assessment and treatment, individual, family and group counseling and educational and support services.

B. "Residential treatment" means services at a facility that provides care 24 hours daily to one or more patients, including, but not limited to, the following services: Room and board; medical, nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services, including a designated unit of a licensed health care facility providing any and all other services specified in this paragraph to patients with the illnesses of alcoholism and drug dependency.

C. "Treatment plan" means a written plan initiated at the time of admission, approved by a Doctor of Medicine, Doctor of Osteopathy or a Registered Substance Abuse Counselor employed by a certified or licensed substance abuse program, including, but not limited to, the patient's medical, drug and alcoholism history; record of

physical examination; diagnosis; assessment of physical capabilities; mental capacity; orders for medication, diet and special needs for the patient's health or safety and treatment, including medical, psychiatric, psychological, social services, individual, family and group counseling; and educational, support and referral services.

3. 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 the treatment of alcoholism and other drug dependency pursuant to a treatment plan.

4. Services; providers. Each group contract shall provide, at a minimum, for the following coverage, pursuant to a treatment plan:

A. Residential treatment at a hospital or free-standing residential treatment center which is licensed, certified or approved by the State; and

B. Outpatient care rendered by state licensed, certified or approved providers.

Treatment or confinement at any facility shall not preclude further or additional treatment at any other eligible facility, provided that the benefit days used do not exceed the total number of benefit days provided for under the contract.

5. 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. Notice. At the time of delivery or renewal, the group health insurer shall provide written notification to all individuals eligible for benefits under group policies or contracts of these alcoholism and drug dependency benefits.

8. Confidentiality. The confidentiality of all alcoholism and drug treatment patient records shall

be protected.

9. 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 and outpatient services. The superintendent shall compile this data for all insurers in an annual report.

10. Application; expiration. The requirements of this section shall apply to all policies or contracts 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. 3. 28 MRSA §473, as enacted by PL 1981, c. 454, §8, is repealed.

Sec. 4. 28 MRSA §475, sub-§2-A is enacted to read:

2-A. Additional information. In addition to the information required by subsection 2, the commissioners shall compile information regarding payments for health care of alcoholism and drug dependency treatment paid by any nonprofit hospital or medical service organization or insurer to recipients of allocations from the fund, pursuant to a group contract or policy of health care coverage. The commissioners shall compile this information, which shall be provided by the agencies or other persons receiving these allocations, showing the amount of group health care coverage moneys received by each agency or other person in the appropriate fiscal year. This information shall be submitted together with the report required by subsection 2, and may be accompanied by any specific recommendations of the commissioners regarding possible adjustments to allocations, based upon receipts of moneys under group health care policies or contracts.

Sec. 5. Lapse of funds accrued to the special trust account. All funds have accrued to the special trust account within the Alcoholism Prevention, Education, Treatment and Research Fund shall lapse to the fund.

Sec. 6. Allocation. The following funds are

allocated from the Alcoholism Prevention, Education, Treatment and Research Fund effective July 1, 1984.

1984-85

FINANCE AND ADMINISTRATION,
DEPARTMENT OF

Employees Group Health
Insurance Plan

All Other \$197,472

Sec. 7. Lapse of funds not required to be paid under this Act. Any funds not required to be paid by the Department of Finance and Administration for the purposes of this Act shall lapse to the Alcoholism Prevention, Education, Treatment and Research Fund.

Effective September 23, 1983.

CHAPTER 528

H.P. 386 - L.D. 469

AN ACT to Provide a Statewide Office of
School Volunteer Programs.

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

Sec. 1. 20-A MRSA c. 11 is enacted to read:

CHAPTER 11

SCHOOL VOLUNTEER PROGRAM

§901. Creation of program

There is created a program, to be called the School Volunteer Program, directed by the department. The purposes of this program are:

1. Use of human resources. To assist local school districts in locating and using the human resources within their own communities in order to provide students with additional educational opportunities;

2. Relieving teachers of nonteaching tasks. To provide leadership for a program which will relieve teachers of nonteaching tasks, including, but not limited to, record keeping, health screening and copying;