

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND TWELFTH LEGISLATURE

SECOND REGULAR SESSION
January 8, 1986 to April 16, 1986

SECOND SPECIAL SESSION
May 28, 1986 to May 30, 1986

AND AT THE

THIRD SPECIAL SESSION
October 17, 1986

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

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

PUBLIC LAWS
OF THE
STATE OF MAINE

AS PASSED AT THE
SECOND REGULAR SESSION
of the
ONE HUNDRED AND TWELFTH LEGISLATURE
1985

CHAPTER 515

H.P. 820 - L.D. 1161

AN ACT Concerning Coverage of Certain Trials by the Electronic Media.

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

Sec. 1. 4 MRSA §119 is enacted to read:

§119. Media coverage of judicial proceedings

The taking of photographs or radio or television broadcasting or transmitting of judicial proceedings in the Superior Court shall be permitted upon the promulgation of and in accordance with rules adopted by the Supreme Judicial Court.

This section is repealed on November 1, 1987.

Sec. 2. 4 MRSA §182 is enacted to read:

§182. Media coverage of judicial proceedings

The taking of photographs or radio or television broadcasting or transmitting of judicial proceedings in the District Court shall be permitted upon the promulgation of and in accordance with rules adopted by the Supreme Judicial Court.

This section is repealed on November 1, 1987.

Effective July 16, 1986.

CHAPTER 516

S.P. 518 - L.D. 1392

AN ACT to Provide Coverage for Chiropractic Services Under Hospital Service Plans, Medical Service Plans and Insurance Policies.

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

Sec. 1. 24 MRSA §2303-B, as amended by PL 1981, c. 282, §1, is repealed.

Sec. 2. 24 MRSA §2303-C is enacted to read:

§2303-C. Coverage for chiropractic services

1. Services. Notwithstanding any other provisions of this chapter, every nonprofit hospital or medical service organization which issues group and individual health care contracts providing coverage for the services of a "physician" or "doctor" to residents of this State shall provide coverage to any subscriber or other person covered under those contracts for those services when performed by a chiropractor, to the extent that the services are within the lawful scope of practice of a chiropractor licensed to practice in this State.

2. Limits; coinsurance; deductibles. Any 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 or the limitations, coinsurance, deductibles or exclusions imposed on other providers.

3. 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 1986 to the Superintendent of Insurance 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. The superintendent shall compile this data for all nonprofit hospital or medical service organizations in an annual report.

4. Application; expiration. The requirements of this section apply to all policies executed, delivered, issued for delivery or renewed in this State on or after January 1, 1986. For purposes of this section only, all policies shall be deemed to be renewed no later than the next yearly anniversary of the policy date. The requirements of this section expire on January 1, 1990.

Sec. 3. 24-A MRSA §2748 is enacted to read:

§2748. Coverage for chiropractic services

1. Therapeutic, adjustive and manipulative services. Notwithstanding any other provisions of this chapter, every insurer which issues health care contracts providing coverage for the services of a "physician" or "doctor" to residents of this State shall provide coverage to any subscriber or other person covered under those contracts for those services when performed by a chiropractor, to the extent that the services are within the lawful scope of practice of a chiropractor licensed to practice in this State. Therapeutic, adjustive and manipulative services shall be covered whether performed by an allopathic, osteopathic or chiropractic doctor.

2. Limits; coinsurance; deductibles. Any 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 or the limitations, coinsurance, deductibles or exclusions imposed on other providers.

3. Reports to the Superintendent of Insurance. Every insurer subject to this section shall report its experience for each calendar year beginning with 1986 to the Superintendent of Insurance 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 health care contracts. The superintendent shall compile this data for all insurers in an annual report.

4. Application; expiration. The requirements of this section apply to all contracts executed, delivered, issued for delivery or renewed in this State on or after January 1, 1986. For purposes of this section only, all contracts shall be deemed to be renewed no later than the next yearly anniversary of the contract date. The requirements of this section expire on January 1, 1990.

Sec. 4. 24-A MRSA §2840, as amended by PL 1981, c. 282, §2, is repealed.

Sec. 5. 24-A MRSA §2840-A is enacted to read:

§2840-A. Coverage for chiropractic services

1. Therapeutic, adjustive and manipulative services. Notwithstanding any other provisions of this chapter, every insurer which issues group or blanket health care contracts providing coverage for the services of a "physician" or "doctor" to residents of this State shall provide coverage to any subscriber or other person covered under those contracts for those services when performed by a chiropractor, to the extent that the services are within the lawful scope of practice of a chiropractor licensed to practice in this State. Therapeutic, adjustive and manipulative services shall be covered whether performed by an allopathic, osteopathic or chiropractic doctor.

2. Limits; coinsurance; deductibles. Any 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.

3. Reports to the Superintendent of Insurance. Every insurer, subject to this section shall report its experience for each calendar year beginning with 1986 to the Superintendent of Insurance 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 health care contracts. The superintendent shall compile this data for all insurers in an annual report.

4. Application; expiration. The requirements of this section apply to all contracts executed, delivered, issued for delivery or renewed in this State on or after January 1, 1986. For purposes of this section only, all contracts shall be deemed to be renewed no later than the next yearly anniversary of the contract date. The requirements of this section expire on January 1, 1990.

Sec. 6. Appropriation. The following funds are appropriated from the General Fund to carry out the purposes of this Act.

1985-86

1986-87

FINANCE AND ADMINISTRATION,
DEPARTMENT OF

Employee Group Health
Insurance Plan

All Other

\$8,500

\$17,000

Effective July 16, 1986.

CHAPTER 517

H.P. 918 - L.D. 1324

AN ACT to Improve the Functioning of the
Maine Milk Commission.

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

7 MRSA §2952, 2nd ¶, as amended by PL 1979, c. 731, §19, is further amended to read:

All members of the commission shall be residents of the State. The 4 members, other than the Commissioner of Agriculture, Food and Rural Resources, shall be appointed by the Governor and, subject to review by the joint standing committee of the Legislature having jurisdiction over agriculture and confirmation by the Legislature. They shall serve for a term of 4 years and until their successors have been duly appointed and qualified, except that in the first instance, the initial terms shall be for one, 2, 3 and 4 years so that the terms of the members of the commission shall be staggered.

Effective July 16, 1986.

CHAPTER 518

H.P. 1199 - L.D. 1704

AN ACT to Reauthorize the Dislocated Workers
Fund.