

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND FIFTEENTH LEGISLATURE

SECOND SPECIAL SESSION

December 12, 1991 to January 7, 1992

SECOND REGULAR SESSION

January 8, 1992 to March 31, 1992

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JUNE 30, 1992

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
1992

PUBLIC LAWS
OF THE
STATE OF MAINE

AS PASSED AT THE
SECOND REGULAR SESSION

of the
ONE HUNDRED AND FIFTEENTH LEGISLATURE

1991

the cost of the treatment or service over the next 5 years;

(2) The extent to which the proposed coverage might increase the appropriate or inappropriate use of the treatment or service over the next 5 years;

(3) The extent to which the mandated treatment or service might serve as an alternative for more expensive or less expensive treatment or service;

(4) The methods that will be instituted to manage the utilization and costs of the proposed mandate;

(5) The extent to which the insurance coverage may affect the number and types of providers of the mandated treatment or service over the next 5 years;

(6) The extent to which insurance coverage of the health care service or provider may be reasonably expected to increase or decrease the insurance premium and administrative expenses of policyholders;

(7) The impact of indirect costs, which are costs other than premiums and administrative costs, on the question of the costs and benefits of coverage;

(8) The impact of this coverage on the total cost of health care; and

(9) The effects on the cost of health care to employers and employees, including the financial impact on small employers, medium-sized employers and large employers;

C. The medical efficacy of mandating the benefit, including:

(1) The contribution of the benefit to the quality of patient care and the health status of the population, including the results of any research demonstrating the medical efficacy of the treatment or service compared to alternatives or not providing the treatment or service; and

(2) If the legislation seeks to mandate coverage of an additional class of practitioners:

(a) The results of any professionally acceptable research demonstrating the medical results achieved by the additional class of practitioners relative to those already covered; and

(b) The methods of the appropriate professional organization that assure clinical proficiency; and

D. The effects of balancing the social, economic and medical efficacy considerations, including:

(1) The extent to which the need for coverage outweighs the costs of mandating the benefit for all policyholders; and

(2) The extent to which the problem of coverage may be solved by mandating the availability of the coverage as an option for policyholders.

Sec. 9. 24-A MRSA §2837-A, sub-§4, as enacted by PL 1989, c. 875, Pt. I, §6, is amended to read:

4. Reports. Each insurer that issues policies subject to this section shall report to the superintendent its experience for each calendar year beginning with 1991 not later than April 30th of the following calendar year. The report must include the information required and be presented in the form prescribed by the superintendent. The report must include the amount of claims paid in this State for services required by this section. The superintendent shall compile this data in an annual report and submit the report to the ~~Mandated Benefits Advisory Commission established in Title 5, section 12004-I, subsection 50~~ joint standing committee of the Legislature having jurisdiction over banking and insurance matters.

See title page for effective date.

CHAPTER 702

H.P. 1553 - L.D. 2191

An Act to Authorize the Construction of Two Veterans' Homes in Eastern and Western Maine

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, two additional veterans' homes are necessary to provide adequate care of and service to Maine veterans; and

Whereas, federal funds may be available for the construction of the additional facilities; and

Whereas, the Board of Trustees of the Maine Veterans' Homes must have authority to apply for federal funds in a timely manner; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Con-

stitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

Sec. 1. 37-B MRSA §601, as amended by PL 1989, c. 502, Pt. A, §141, is further amended to read:

§601. Home established; purpose

There ~~shall~~ must be public homes for veterans in Maine known as "Maine Veterans' Homes." In addition to the presently existing home located in Augusta, a 120-bed home located in southern Maine ~~and~~, a home, not to exceed 60 beds, located in Aroostook County, a home located in eastern Maine not to exceed 120 beds and a home located in western Maine not to exceed 120 beds may be constructed if federal Veterans' Administration funds are available to meet part of the costs of each facility for construction or operation. The board of trustees shall plan and develop these additional homes and may use any funds available for those purposes, except for the Augusta facility's funded depreciation account. The primary purpose of the homes ~~shall be~~ is to provide support and care for honorably discharged veterans who served in the United States Armed Forces during wartime, including the Korean Conflict and the Vietnam War.

Sec. 2. 37-B MRSA §602, sub-§6, as amended by PL 1985, c. 773, §2, is further amended to read:

6. Borrow funds. Borrow funds, not in excess of ~~\$5,000,000~~ \$15,000,000 in the aggregate, make and issue bonds and negotiate notes and other evidences of indebtedness or obligations of the veterans' home for prudent and reasonable capital, operational and maintenance purposes. The home may secure payments of all or part of the obligations by pledge of part of the revenues or assets of the home ~~which~~ that are available for pledge and ~~which~~ that may be lawfully pledged or by mortgage of part, or all, of any property owned by the home. The home may do all lawful things necessary and incidental to those powers. The home may borrow money from the Federal Government and its agencies, from state agencies and from any other source. The home may borrow money from the State subject to approval by the Treasurer of State and the Governor. Bonds, notes and other evidences of indebtedness issued under this subsection shall not be deemed to constitute debts of the State, nor a pledge of the credit of the State, but shall be payable solely from the funds of the home; and

Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved.

Effective March 21, 1992.

CHAPTER 703

H.P. 1233 - L.D. 1797

An Act to Establish a Voluntary Trauma-reporting System

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

Sec. 1. 22 MRSA c. 256 is enacted to read:

CHAPTER 256

TRAUMA REPORTING

§1421. Definitions

For the purposes of this chapter, unless the context otherwise indicates, the following terms have the following meanings.

1. Board. "Board" means the Emergency Medical Services' Board described in Title 32, section 88.

§1422. Duty of physicians and hospitals

A hospital may report to the board information regarding persons diagnosed as suffering from trauma. Trauma reports should be made no later than 30 days from the date of diagnosis or the date of discharge from the hospital, whichever is later. Trauma is defined by rules adopted by the board.

A physician, upon request of the board, may report to the board any further information requested by the board concerning any person now or formerly under that physician's care who was diagnosed as having suffered from trauma.

A physician or hospital that reports in good faith in accordance with this chapter is not liable for any civil damages for making the report.

§1423. Trauma-incidence registry

The board shall maintain a statewide trauma-incidence registry that meets the requirements of the federal Trauma Care Systems Planning and Development Act of 1990, Public Law 101-590, Section 1, 104 Stat. 2915.

§1424. Confidentiality

Any information provided to the board under this chapter is confidential if the information identifies or permits the identification of a trauma patient or a member of that patient's family. A person that releases information that is confidential under this section commits a