

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE
ONE HUNDRED AND SEVENTEENTH LEGISLATURE

FIRST REGULAR SESSION
December 7, 1994 to June 30, 1995

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 29, 1995

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
1995

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

Effective June 9, 1995.

CHAPTER 229

H.P. 739 - L.D. 1013

An Act to Facilitate the Regulation of Alcohol in Auditoriums

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

Sec. 1. 28-A MRSA §1069-A, sub-§3, as enacted by PL 1989, c. 158, §9, is repealed.

See title page for effective date.

CHAPTER 230

S.P. 72 - L.D. 160

An Act to Protect the Integrity of Seawalls and Retaining Walls

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

Sec. 1. 38 MRSA §480-W is enacted to read:

§480-W. Emergency actions to protect threatened property

Notwithstanding section 480-C, if the local code enforcement officer or a state-certified geologist determines that the integrity of a seawall, bulkhead, retaining wall or similar structure in a coastal sand dune system is destroyed or threatened, the owner of property protected by the seawall, bulkhead or similar structure may, without obtaining a permit under this article:

1. Protective materials. Place riprap, sandbags or other heavy nonhazardous material to shore up the threatened structure and replace, repair or leave the materials in place until a project designed to alleviate the threat is certified by the department and by the local code enforcement officer, and that project requires removal of the material; and

2. Strengthening of structure. Take such actions as are necessary to strengthen the seawall, retaining wall or other structure, including widening the footings and securing the structure to the sand with bolts.

If a local code enforcement officer fails to determine whether the integrity of a structure is destroyed or threatened within 12 hours of initial contact by the property owner, the property owner may proceed as if the code enforcement officer had determined that the integrity of the structure was destroyed or threatened.

See title page for effective date.

CHAPTER 231

H.P. 60 - L.D. 96

An Act to Limit Nuisance Actions and Noise Ordinances Relating to Sport Shooting Ranges

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

Sec. 1. 17 MRSA §2806 is enacted to read:

§2806. Sport shooting ranges

1. Acquisition of property near existing range. Except as provided in this subsection, a person may not maintain a nuisance action for noise against a shooting range located in the vicinity of that person's property if the shooting range was established as of the date the person acquired the property. If there is a substantial change in use of the range after the person acquires the property, the person may maintain a nuisance action if the action is brought within 3 years from the beginning of the substantial change.

2. Establishment of shooting range near existing property. A person who owns property in the vicinity of a shooting range that was established after the person acquired the property may maintain a nuisance action for noise against that shooting range only if the action is brought within 5 years after establishment of the range or 3 years after a substantial change in use of the range.

3. Dormant shooting range. If there has been no shooting activity at a range for a period of 3 years, resumption of shooting is considered establishment of a new shooting range for purposes of this section.

4. Application. This section does not limit nuisance actions against shooting ranges established after the effective date of this section.

Sec. 2. 30-A MRSA §3011 is enacted to read:

§3011. Regulation of sport shooting ranges

1. Definition. As used in this section, "sport shooting range" means an area designed and used for archery, skeet and trap shooting or other similar

shooting sports and the shooting of rifles, shotguns and pistols.

2. Limitation. A municipal noise control ordinance may not require or be applied so as to require a sport shooting range to limit or eliminate shooting activities that have occurred on a regular basis at the range prior to the enactment date of the ordinance.

3. Expansion of activity. Nothing in this section limits the ability of a municipality to regulate noise produced by the expansion of activity at a sport shooting range.

See title page for effective date.

CHAPTER 232

H.P. 548 - L.D. 744

An Act to Apply the Hospital Cooperation Act of 1992 to a Broader Range of Health Care and Social Service Agencies

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

Sec. 1. 22 MRSA §1882, sub-§1, as enacted by PL 1991, c. 814, §1, is amended to read:

1. Cooperative agreement. "Cooperative agreement" means an agreement among 2 or more hospitals or nonprofit mental health care providers for the sharing, allocation or referral of patients, personnel, instructional programs, mental health services, support services and facilities or medical, diagnostic or laboratory facilities or procedures or other services traditionally offered by hospitals or nonprofit mental health care providers, or for the coordinated negotiation and contracting with payors or employers.

Sec. 2. 22 MRSA §1882, sub-§3 is enacted to read:

3. Nonprofit mental health care provider. "Nonprofit mental health care provider" means a corporation organized under the Maine Nonprofit Corporation Act or an organization recognized as exempt from federal income tax under 26 United States Code, Section 501(c)(3) that is engaged primarily in the provision of mental health services.

Sec. 3. 22 MRSA §1883, sub-§1, as enacted by PL 1991, c. 814, §1, is amended to read:

1. Authority. A hospital or nonprofit mental health care provider may negotiate and enter into cooperative agreements with other hospitals or

nonprofit mental health care providers in the State if the likely benefits resulting from the agreements outweigh any disadvantages attributable to a reduction in competition that may result from the agreements.

Sec. 4. 22 MRSA §1883, sub-§4, ¶¶A and B, as enacted by PL 1991, c. 814, §1, are amended to read:

A. In evaluating the potential benefits of a cooperative agreement, the department shall consider whether one or more of the following benefits may result from the cooperative agreement:

(1) Enhancement of the quality of hospital and hospital-related or nonprofit mental health care or related care provided to Maine citizens;

(2) Preservation of hospital or nonprofit mental health care provider and related facilities in geographical proximity to the communities traditionally served by those facilities;

(3) Gains in the cost efficiency of services provided by the hospitals or nonprofit mental health care providers involved;

(4) Improvements in the utilization of hospital or nonprofit mental health care provider resources and equipment; and

(5) Avoidance of duplication of hospital or nonprofit mental health care resources.

B. The department's evaluation of any disadvantages attributable to any reduction in competition likely to result from the agreement may include, but need not be limited to, the following factors:

(1) The extent of any likely adverse impact on the ability of health maintenance organizations, preferred provider organizations, managed health care service agents or other health care payors to negotiate optimal payment and service arrangements with hospitals, physicians, allied health care professionals or other health care providers;

(2) The extent of any reduction in competition among physicians, allied health professionals, other health care providers or other persons furnishing goods or services to, or in competition with, hospitals or nonprofit mental health care providers that is likely to result directly or indirectly from the hospital cooperative agreement;

(3) The extent of any likely adverse impact on patients or clients in the quality, availability and price of health care services; and