

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTIETH LEGISLATURE

SECOND REGULAR SESSION
January 2, 2002 to April 25, 2002

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JULY 25, 2002

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
2002

The authority may lease, sell or transfer property or interests in property to a local development corporation or other entity determined by the trustees to be eligible to take ownership and possession of the property or interests in property to accomplish the readjustment or reuse of the facilities.

§13083-E. Termination of authority

The authority is not dissolved until it is terminated by the Legislature.

§13083-F. Annual report

1. Annual report. The authority shall submit to the Governor, the Executive Director of the Legislative Council and the joint standing committee of the Legislature having jurisdiction over business and economic development matters, not later than 120 days after the close of the authority's fiscal year, a complete report on the activities of the authority. The report may also be provided to any other member of the Legislature and to any other person. The report must include for the previous year:

- A. A description of the authority's operations and activities;
- B. An accounting of the authority's receipts and expenditures and assets and liabilities at the end of its fiscal year;
- C. A listing of all property transactions pursuant to section 13083-D;
- D. A statement of the authority's proposed and projected activities for the ensuing year; and
- E. Recommendations regarding further actions that may be suitable for achieving the purposes of this article.

See title page for effective date.

CHAPTER 569

S.P. 217 - L.D. 782

An Act to Define Undisputed Claims for Covered Health Insurance Benefits

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

Sec. 1. 24-A MRSA §2436, sub-§2-A is enacted to read:

2-A. For purposes of this section, an "undisputed claim" means a timely claim for payment of covered health care expenses under a policy or certificate

providing health care coverage that is submitted to an insurer on the insurer's standard claim form using the most current published procedural codes with all the required fields completed with correct and complete information in accordance with the insurer's published claims filing requirements. This subsection applies only to a policy or certificate of a health plan as defined in section 4301-A, subsection 7.

See title page for effective date.

CHAPTER 570

S.P. 622 - L.D. 1804

An Act to Improve the Accessibility and Affordability of Health Care Benefits in the State

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

Sec. 1. 24-A MRSA §6603, sub-§1, ¶¶B and D, as enacted by PL 1993, c. 688, §1, are amended to read:

B. ~~Must~~ Except for those associations meeting the criteria of subsection 1-A, must be established by a trade association, industry association, political subdivision of the State, religious organization or professional association of employers or professionals that has a constitution or bylaws and that has been organized and maintained in good faith for a continuous period of one year for purposes other than that of obtaining or providing insurance;

D. May not be offered, advertised or available to employers or other members of the public generally, except as allowed under subsection 1-A;

Sec. 2. 24-A MRSA §6603, sub-§1-A is enacted to read:

1-A. Eligibility based on geographic association. To meet the requirements for approval and to maintain a multiple-employer welfare arrangement, an arrangement based on geographic association:

A. Must be established by an association with a principal office in a location within a 40-mile radius of the principal place of business of eligible employers;

B. Must permit eligibility for an employer that has employed an average of 100 or fewer full-time employees during the preceding calendar year, more of whom are employed in this State than any other state, and for an employer that is a licensed nonprofit hospital if the employer or

hospital is located within a 40-mile radius of the association;

C. May establish eligibility standards for membership in the association, except that an association may not deny eligibility to an otherwise eligible employer or hospital on the basis of health status or claims experience; and

D. Must meet the requirements for approval in subsection 1, except as provided in subsection 1, paragraphs B and D.

Sec. 3. 24-A MRSA §6611, sub-§2, as enacted by PL 1993, c. 688, §1, is amended to read:

2. Actuarial report. At least once every 2 years each arrangement must have a report prepared by an actuary who is an associate or fellow of the Society of Actuaries and the American Academy of Actuaries as to the actuarial soundness of the arrangement. After an arrangement has filed 2 actuarial reports pursuant to this subsection, an arrangement may request that the superintendent grant a waiver of the filing requirement to the arrangement. ~~The~~ If required, the report must be filed with the superintendent. The report must consist of at least the following:

A. An assessment of the adequacy of contribution rates in meeting the level of benefits provided and changes, if any, needed in the contribution rates to achieve or preserve a level of funding adequate to enable payment of the benefit amounts provided under the arrangement, which must include a valuation of present assets, valued in accordance with insurance accounting precepts, and prospective assets and liabilities of the plan and the extent of unfunded accrued liabilities;

B. A plan and schedule to amortize any unfunded liabilities and a description of actions taken to reduce unfunded liabilities;

C. A description and explanation of actuarial assumptions;

D. A comparative review illustrating the level of funds available to the arrangement from rates, investment income and other sources realized over the period covered by the report indicating the assumptions used;

E. A certification by the actuary that the report is complete and accurate and that in the actuary's opinion the techniques and assumptions used are reasonable, make good and sufficient provision to meet the obligations of the arrangement and meet the requirements and intent of this chapter; and

F. Other factors or statements as may be reasonably required by the superintendent in order to determine the actuarial soundness of the plan.

See title page for effective date.

CHAPTER 571

H.P. 1466 - L.D. 1963

An Act to Amend the Laws Governing Eligibility for General Assistance

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

Sec. 1. 22 MRSA §4301, sub-§7, as amended by PL 1993, c. 410, Pt. AAA, §1, is further amended to read:

7. Income. "Income" means any form of income in cash or in kind received by the household, including net remuneration for services performed, cash received on either secured or unsecured credit, any payments received as an annuity, retirement or disability benefits, veterans' pensions, workers' compensation, unemployment benefits, benefits under any state or federal categorical assistance program, supplemental security income, social security and any other payments from governmental sources, unless specifically prohibited by any law or regulation, court ordered support payments, income from pension or trust funds and household income from any other source, including relatives or unrelated household members.

The following items are not available within the meaning of this subsection and subsection 10:

A. Real or personal income-producing property, tools of trade, governmental entitlement specifically treated as exempt assets by state or federal law;

B. Actual work-related expenses, whether itemized or by standard deduction, such as taxes, retirement fund contributions, union dues, transportation costs to and from work, special equipment costs and child care expenses; or

C. Earned income of children below the age of 18 years who are full-time students and who are not working full time.

In determining need, the period of time used as a basis for the calculation is the 30-day period commencing on the date of the application. This prospective calculation does not disqualify an applicant who has exhausted income to purchase basic necessities if that