

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTIETH LEGISLATURE

FIRST SPECIAL SESSION
November 13, 2002 to November 14, 2002

ONE HUNDRED AND TWENTY-FIRST LEGISLATURE

FIRST REGULAR SESSION
December 4, 2002 to June 14, 2003

THE GENERAL EFFECTIVE DATE FOR
FIRST SPECIAL SESSION
NON-EMERGENCY LAWS IS
FEBRUARY 13, 2003

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 13, 2003

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

Penmor Lithographers
Lewiston, Maine
2003

Act of 1985 under a prior plan has been exhausted.

B. Any conditions on eligibility or coverage under subsection 1-A, paragraph D or E continue to apply at the time of reenrollment.

C. The retiree may reenroll in the same contract type in which the retiree was enrolled at the time the retiree declined or withdrew from coverage, except for any change in contract type allowed under subsection 3-B.

D. An election under this subsection, which may be made only once, must be made either:

(1) At the time of retirement; or

(2) Following retirement, provided the person had elected at the time of retirement to be covered by the state program.

E. If a spouse or dependent of the retiree was enrolled in the plan at the time the retiree withdrew pursuant to this subsection, the spouse or dependent may reenroll if the spouse or dependent meets the 18-month coverage criteria set forth in paragraph A. A spouse or dependent who was not enrolled at the time the retiree withdrew may enroll only if that person meets the criteria set forth in subsection 3-B, paragraph B.

This subsection does not apply to persons who are reemployed by the State following retirement as provided in Public Law 2001, chapter 442.

Sec. 2. Application. This Act applies to persons who elect to decline or withdraw from coverage on or after the effective date of this Act.

See title page for effective date.

CHAPTER 215

S.P. 314 - L.D. 973

An Act To Ensure Comprehensive Cancer Control in Maine

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

Sec. 1. 22 MRSA §1407 is enacted to read:

§1407. Cancer prevention, research and treatment

1. Program established. The Bureau of Health shall establish a cancer prevention and control program to provide leadership for and coordination of cancer prevention, research and treatment activities. The program may include, but is not limited to:

A. Monitoring cancer prevalence at the state and community levels through the cancer-incidence registry under section 1404 and other means;

B. Education and training of health professionals on the current methods of diagnosing and treating cancer;

C. Patient and family education on how to manage the disease and the treatment of the disease; and

D. Consultation with and support of community-based cancer prevention, research and treatment programs.

2. Consultation. In implementing the program established in subsection 1, the Bureau of Health shall consult with the Medicaid program administered by the department and with the Department of Education. In addition, the bureau shall seek advice from other organizations and private entities concerned with cancer prevention, research and treatment.

3. Funding. The Bureau of Health may accept federal funds and grants for implementing the program established in subsection 1 and may contract for work with outside vendors or individuals.

Sec. 2. Appropriations and allocations. The following appropriations and allocations are made.

HUMAN SERVICES, DEPARTMENT OF

Bureau of Health 0143

Initiative: Creates 2 federal positions in the Department of Human Services, Bureau of Health, a Public Health Educator III position and a Planning and Research Associate II position, for the purposes of establishing a cancer prevention and control program. The positions are funded with existing federal resources in the bureau.

Federal Expenditures Fund	2003-04	2004-05
Positions - Legislative Count	(2,000)	(2,000)
Personal Services	\$74,196	\$100,907
All Other	(74,196)	(100,907)
Federal Expenditures Fund Total	\$0	\$0

See title page for effective date.

CHAPTER 216

H.P. 646 - L.D. 869

An Act Concerning the Financial Obligations of a Parent Involved in a Crime against a Child of That Parent

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

Sec. 1. 22 MRSA §4056, sub-§5 is enacted to read:

5. Financial support. If, prior to the termination of parental rights, the parent was convicted of a crime against the child, the court may include in the termination order the requirement that the parent whose rights are terminated make a lump sum payment to assist in the future financial support of the child.

See title page for effective date.

CHAPTER 217

S.P. 90 - L.D. 231

An Act To Strengthen Delivery of Electricity Conservation Programs

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

Sec. 1. 35-A MRSA §3211-A, sub-§4, ¶D, as enacted by PL 2001, c. 624, §4, is amended to read:

D. Are proportionally equivalent on a per-kilowatt-hour basis to the total conservation expenditures of other transmission and distribution utilities, unless the commission finds that a different amount is justified; ~~however, any increase in an assessment on a transmission and distribution utility by the commission must be based on factors other than the achievement of proportional equivalency.~~

See title page for effective date.

CHAPTER 218

S.P. 292 - L.D. 897

An Act Concerning Health Insurance Reimbursement and Contracting Practices

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

Sec. 1. 24 MRSA §2332-E, as enacted by PL 1993, c. 477, Pt. D, §5 and affected by Pt. F, §1, is amended to read:

§2332-E. Standardized claim forms

~~On or after December 1, 1993, all All~~ nonprofit hospital or medical service organizations and non-

profit health care plans providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed physician or chiropractor must accept the current standardized claim form for professional services approved by the Federal Government. ~~On or after December 1, 1993, all All~~ nonprofit hospital or medical service organizations and nonprofit health care plans providing payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government. A nonprofit hospital or medical service organization or nonprofit health care plan may not be required to accept a claim submitted on a form other than the applicable form specified in this section.

Sec. 2. 24-A MRSA §1912, as enacted by PL 1993, c. 477, Pt. D, §8 and affected by Pt. F, §1, is amended to read:

§1912. Standardized claim forms

~~On or after December 1, 1993, all All~~ administrators who administer claims and who provide payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed physician or chiropractor must accept the current standardized claim form for professional services approved by the Federal Government. ~~On or after December 1, 1993, all All~~ administrators who administer claims and who provide payment or reimbursement for diagnosis or treatment of a condition or a complaint by a licensed hospital must accept the current standardized claim form for professional or facility services, as applicable, approved by the Federal Government. An administrator may not be required to accept a claim submitted on a form other than the applicable form specified in this section.

Sec. 3. 24-A MRSA §2436, sub-§2-A, as enacted by PL 2001, c. 569, §1, is amended to read:

2-A. ~~For~~ Except as provided in this subsection, 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. After January 1, 2005, for a provider with 10 or more full-time-equivalent employees, 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 in the insurer's standard electronic data format using the most current