

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-SECOND LEGISLATURE

FIRST REGULAR SESSION
December 1, 2004 to March 30, 2005

FIRST SPECIAL SESSION
April 4, 2005 to June 18, 2005

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
JUNE 29, 2005

THE GENERAL EFFECTIVE DATE FOR
FIRST SPECIAL SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 17, 2005

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

Penmor Lithographers
Lewiston, Maine
2005

~~counselor licensed in this State, a certified social worker licensed to practice in this State, or a nurse certified and licensed to practice in this State professional listed in subsection 2-A.~~

Sec. I-5. 24-A MRSA §2835, sub-§2-A is enacted to read:

2-A. Subsections 1 and 2 apply with respect to the following types of professionals:

A. A psychologist licensed to practice in this State;

B. A certified social worker licensed for the independent practice of social work in this State who has at least a master's degree in social work from an accredited educational institution, who has been employed in social work for at least 2 years and who, after January 1, 1985, is licensed as a clinical social worker in this State;

C. A licensed clinical professional counselor licensed for the independent practice of counseling who has at least a master's degree in counseling from an accredited educational institution, who has been employed in counseling for at least 2 years and who, after January 1, 2002, is licensed as a clinical professional counselor in this State; and

D. A licensed nurse who is certified by the American Nurses' Association as a clinical specialist in adult psychiatric and mental health nursing or as a clinical specialist in child and adolescent psychiatric and mental health nursing.

See title page for effective date.

CHAPTER 122

H.P. 1035 - L.D. 1472

An Act To Amend the Laws Governing the Rural Medical Access Program

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

Sec. 1. 24-A MRSA §6303, sub-§3, as enacted by PL 1989, c. 931, §5, is amended to read:

3. Self-insured. "Self-insured" means any physician, hospital or physician's employer insured against the physician's professional negligence or the hospital's professional liability through any entity other than an insurer as defined in subsection 1. For purposes of this chapter, a physician, hospital or

physician's employer that does not purchase insurance is considered self-insured.

Sec. 2. 24-A MRSA §6304, first ¶, as enacted by PL 1989, c. 931, §5, is amended to read:

To provide funds for the Rural Medical Access Program, insurers may collect pursuant to this chapter assessments from physicians; licensed and practicing medicine in this State and hospitals and physician's employers located in the State.

Sec. 3. 24-A MRSA §6304, sub-§4, as amended by PL 1993, c. 600, Pt. B, §§21 and 22 and PL 2003, c. 689, Pt. B, §6, is further amended to read:

4. Determination of assessments paid. After review of the records provided by the Board of Licensure in Medicine, the Board of Osteopathic Licensure and the Department of Health and Human Services, Division of Licensure and Certification, and the assessment receipts of the malpractice insurers, the superintendent shall ~~certify~~ determine those physicians, hospitals and ~~physicians'~~ physician's employers that have paid the required assessments.

Sec. 4. 24-A MRSA §6305, sub-§1, ¶C, as enacted by PL 1989, c. 931, §5, is amended to read:

C. The amount of the assessment for policy years beginning on or after July 1, 1991; is 50% of the amount of the savings determined under paragraph A, but not exceeding \$500,000. This paragraph is repealed June 30, 2006.

Sec. 5. 24-A MRSA §6305, sub-§1, ¶D, as enacted by PL 1989, c. 931, §5, is repealed.

Sec. 6. 24-A MRSA §6305, sub-§2, as amended by PL 1999, c. 668, §113, is repealed.

Sec. 7. 24-A MRSA §6305, sub-§3 is enacted to read:

3. Assessment rates; program fund balance. For assessment years prior to July 1, 2006, the assessment is 1.25% of premium. For assessment years commencing July 1, 2006 and after, the assessment is .75% of premium unless adjusted pursuant to this subsection. The assessment rate is intended to result in collections no greater than \$500,000 per assessment year. When the program fund balance is \$50,000 or less, the assessment rate must increase to 1% of premium. When the program fund balance is more than \$50,000, the assessment rate must decrease to .75% of premium. The superintendent shall notify affected parties of any assessment rate adjustment and the effective date of that adjustment.

The program fund balance may be used to pay assistance to qualified eligible physicians in prior years for which there were insufficient funds. If all prior years' eligible qualified physicians have received assistance, any excess funds must be carried forward to subsequent plan years as part of the program fund balance. Excess funds must be applied first to the assessment year commencing July 1, 1998 and then to each successive assessment year.

For the purposes of this section, "program fund balance" means the total funds collected in excess of assistance paid for all years.

Sec. 8. 24-A MRSA §6306, as enacted by PL 1989, c. 931, §5, is amended to read:

§6306. Funds held by insurers

Insurers ~~may~~ shall invest assessments collected subject to chapter 13. Interest earned on investments must be credited to the Rural Medical Access Program.

Sec. 9. 24-A MRSA §6308, sub-§2, as amended by PL 1991, c. 734, §5 and PL 2003, c. 689, Pt. B, §7, is further amended to read:

2. Determination of participants in the program. The superintendent shall apply the standards of prioritization adopted by the Commissioner of Health and Human Services to determine the physicians who are eligible for the program. The funding available for each qualified physician is the amount equal to the difference between the physician's medical malpractice insurance premiums with obstetrical care coverage and the physician's premiums without obstetrical care coverage; however, the funding must be at least \$5,000 but may not be more than ~~\$10,000~~ \$15,000 as determined by the superintendent. Program payments must be made to the individual or entity paying the medical malpractice premium for the qualified physician.

See title page for effective date.

CHAPTER 123

H.P. 749 - L.D. 1096

An Act To Make Technical and Minor Changes in the Capitol Planning Commission

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

Sec. 1. 5 MRSA §298, sub-§3, as repealed and replaced by PL 1979, c. 108, §2, is amended to read:

3. Residents. ~~Two residents~~ One resident of the Capitol Planning District and ~~one resident~~ 2 residents of the City of Augusta, who ~~shall~~ may not be a ~~resident~~ residents of the Capitol Planning District, to be appointed by the Governor for terms of ~~2~~ 5 years; and

Sec. 2. 5 MRSA §298, sub-§4, as enacted by PL 1977, c. 513, §1, is amended to read:

4. Members-at-large. Four citizens of the State, who ~~shall~~ may not be residents of Augusta, to be appointed by the Governor for terms of ~~2~~ 5 years; except that the first appointed member ~~shall~~ must be appointed for a term of one year.

Sec. 3. Resident and at-large members.

The resident and at-large members of the Capitol Planning Commission holding office on the effective date of this Act hold office for the terms for which they were elected, and as each term expires the new member is elected for 5 years. If a vacancy arises, it must be filled for the remainder of the unexpired term.

See title page for effective date.

CHAPTER 124

H.P. 274 - L.D. 361

An Act To Reestablish the Penobscot County Budget Committee

Mandate preamble. This measure requires one or more local units of government to expand or modify activities so as to necessitate additional expenditures from local revenues but does not provide funding for at least 90% of those expenditures. Pursuant to the Constitution of Maine, Article IX, Section 21, 2/3 of all of the members elected to each House have determined it necessary to enact this measure.

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

Whereas, this bill concerns the Penobscot County Budget Committee, which will deal with significant issues prior to July 1, 2005; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution 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: