

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-THIRD LEGISLATURE

FIRST REGULAR SESSION
December 6, 2006 to June 21, 2007

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 20, 2007

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

Penmor Lithographers
Lewiston, Maine
2007

B. Has been assessed as having an adaptive behavior score at a level of functional impairment as determined by the department.

See title page for effective date.

**CHAPTER 310
S.P. 371 - L.D. 1119**

An Act To Permit Mental Health Professionals To Disclose Risks to People Likely To Be Harmed by a Patient

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

Sec. 1. 34-B MRSA §1207, sub-§4, as enacted by PL 1983, c. 459, §7, is repealed.

Sec. 2. 34-B MRSA §1207, sub-§4-A is enacted to read:

4-A. Violation. Disclosure of client information in violation of this section is an offense under the licensing standards of the mental health professional committing the violation and must be promptly reported to the licensing board with jurisdiction for review, hearing and disciplinary action.

Sec. 3. 34-B MRSA §1207, sub-§5, as amended by PL 1995, c. 560, Pt. K, §19, is repealed.

Sec. 4. 34-B MRSA §1207, sub-§5-A is enacted to read:

5-A. Disclosure to family, caretakers. Under the following circumstances, a licensed mental health professional providing care to an adult client may disclose to a family member, to another relative, to a close personal friend or caretaker of the client or to anyone identified by the client, the client's health information that is directly relevant to the person's involvement with the client's care.

A. If a client with capacity to make health care decisions is either present or available prior to disclosure, the professional may disclose the information:

- (1) When the client gives oral or written consent;
- (2) When the client does not object in circumstances in which the client has the opportunity to object; or
- (3) When the professional may reasonably infer from the circumstances that the client does not object.

B. The professional may disclose the information if in the professional's judgment it is in the client's best interests to make the disclosure and the pro-

fessional determines either that the client lacks the capacity to make health care decisions or an emergency precludes the client from participating in the disclosure.

Sec. 5. 34-B MRSA §1207, sub-§6, as enacted by PL 1997, c. 422, §2, is repealed.

Sec. 6. 34-B MRSA §1207, sub-§6-A is enacted to read:

6-A. Disclosure of danger. A licensed mental health professional may disclose protected health information that the professional believes is necessary to avert a serious and imminent threat to health or safety when the disclosure is made in good faith to any person, including a target of the threat, who is reasonably able to prevent or minimize the threat.

See title page for effective date.

**CHAPTER 311
H.P. 922 - L.D. 1314**

An Act To Reimburse MaineCare in Certain Workers' Compensation Cases

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

Sec. 1. 22 MRSA §14, sub-§2-J is enacted to read:

2-J. Authority to contract for attorney services. The department is authorized to pursue rights under this section, including 3rd-party reimbursement of MaineCare costs in workers' compensation claims cases, through contracted attorney services. The department may adopt rules as necessary to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. 2. 39-A MRSA §209, sub-§4 is enacted to read:

4. MaineCare reimbursement. MaineCare must be paid 100% of any expenses incurred for the treatment of an injury of an employee under this Title.

Sec. 3. 39-A MRSA §324, sub-§1, as enacted by PL 1991, c. 885, Pt. A, §8 and affected by §§9 to 11, is amended to read:

1. Order or decision. The employer or insurance carrier shall make compensation payments within 10 days after the receipt of notice of an approved agreement for payment of compensation or within 10 days after any order or decision of the board awarding compensation. If the board enters a decision awarding compensation and an appeal is filed with the Law Court pursuant to section 322, payments may not be