

MAINE STATE LEGISLATURE

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FIRST REGULAR SESSION

ONE HUNDRED AND NINTH LEGISLATURE

Legislative Document

No. 1390

H. P. 1121

House of Representatives, March 21, 1979

Referred to the Committee on Business Legislation. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

Presented by Mr. Brodeur of Auburn.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED
SEVENTY-NINE

AN ACT to Require that Insurance Coverage for Out-patient Community Mental Health Services be Provided in Group Health Care Policies and Contracts.

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

Sec. 1. 24 MRSA § 2324 is enacted to read:

§ 2324. Community mental health services coverage

1. **Coverage required.** Every nonprofit hospital and medical service organization which issues group health care contracts providing coverage for hospital care to residents of this State shall provide coverage for community mental health services.

2. **Community mental health services defined.** For the purposes of this section, "community mental health services" shall mean any mental health service provided by a community mental health center licensed by the Department of Mental Health and Corrections.

3. **Contract.** The group contract providing coverage for community mental health services referred to in this section shall provide that coverage for at least \$500 worth of services in any continuous period of 12 months for each person covered under the contract or policy.

4. **Deductible; coinsurance.** Community mental health services benefits may

be subject to an annual deductible of not more than \$50 for each person covered under the policy and may be subject to a coinsurance provision which shall provide for coverage of not less than 75% of the reasonable charges for those services. No deductible shall be applied until a person has received \$25 worth of services in a year. The policy may also contain reasonable limitations and exclusions applicable to coverage for community mental health services.

Sec. 2. 24-A MRSA § 2838 is enacted to read:

§ 2838. Community mental health services coverage

1. Coverage required. Every insurer which issues or issues for delivery in this State, group and blanket health insurance policies which provide coverage for hospital care to residents of this State, shall provide coverage for community mental health services.

2. Definition of community mental health services. For purposes of this section, "community mental health services" shall have the same meaning as in Title 24, section 2324, subsection 2.

3. Policy. The group or blanket policy providing coverage for community mental health services referred to in this section shall provide that coverage for at least \$500 worth of services in any continuous period of 12 months for each person covered under the policy.

4. Deductible; coinsurance. Community mental health services benefits may be subject to an annual deductible of not more than \$50 for each person covered under the policy and may be subject to a coinsurance provision which provides for coverage of not less than 75% of the reasonable charges for these services. No deductible shall be applied until a person has received \$25 worth of services in a year. The policy may also contain reasonable limitations and exclusions applicable to coverage for community mental health services.

Sec. 3. Effective date. The provisions of this Act shall apply to group contracts and policies in this State which are delivered, issued for delivery, renewed or amended to substantially alter or change benefits or coverage, on or after the 120th day after the effective date of this Act.

STATEMENT OF FACT

This bill would require insurance coverage for community mental health services to be offered in all group health care policies and contracts that provide coverage for inpatient hospital care.