

MAINE STATE LEGISLATURE

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1 FIRST REGULAR SESSION
2

3 ONE HUNDRED AND ELEVENTH LEGISLATURE
4

5 Legislative Document

No. 775

7 H.P. 623

House of Representatives, February 16, 1983

8 Referred to the Committee on Joint Select Committee on Alcoholism Ser-
9 vices. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

10 Presented by Representative Rolde of York.

Cosponsors: Senator Conley of Cumberland, Speaker Martin of Eagle
Lake and Senator Perkins of Hancock.

12 STATE OF MAINE
13

14 IN THE YEAR OF OUR LORD
15 NINETEEN HUNDRED AND EIGHTY-THREE
16

17 AN ACT to Provide Equitable Health Care
18 for Alcoholism and Drug Dependency
19 Treatment.
20

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

23 Sec. 1. 24 MRSA §2329, as enacted by PL 1981, c.
24 319, §1, is repealed and the following enacted in its
25 place:

26 §2329. Equitable health care for alcoholism and drug
27 dependency treatment

28 1. Purpose. The Legislature recognizes that
29 alcoholism and drug dependency constitute major
30 health problems in the State and in the nation. The
31 Legislature further recognizes that alcoholism is a
32 disease and that alcoholism and drug dependency can
33 be effectively treated. As such, alcoholism and drug

1 dependency warrant the same attention from the health
2 care industry as other serious diseases and ill-
3 nesses. The Legislature further recognizes that
4 health insurance contracts, at times, fail to provide
5 adequate benefits for the treatment of alcoholism and
6 drug dependency, which results in more costly health
7 care for treatment of complications caused by the
8 lack of early intervention and other treatment ser-
9 vices for persons suffering from these illnesses.
10 This situation causes a higher health care, social,
11 law enforcement and economic cost to the citizens of
12 this State than is necessary, including the need for
13 the State to provide treatment to some insurance sub-
14 scribers at public expense. To assist the many citi-
15 zens of this State who suffer from these illnesses in
16 a more cost effective way, the Legislature declares
17 that certain health insurance coverage providing ben-
18 efits for the treatment of the illness of alcoholism
19 and drug dependency shall be included in all health
20 insurance contracts, and that this section promotes
21 the public health, safety and welfare.

22 2. Definitions. As used in this section, unless
23 the context indicates otherwise, the following terms
24 have the following meanings.

25 A. "Detoxification" means short-term care in a
26 facility, pursuant to a treatment plan, for
27 patients with symptoms of withdrawal from alcohol
28 or other drugs, including, but not limited to,
29 observation; monitoring; assessment; withdrawal;
30 individual, family and group counseling; educa-
31 tional and support services; and referral to
32 treatment programs for continued care.

33 B. "Health insurer" means a nonprofit hospital
34 or medical service organization regulated by this
35 chapter.

36 C. "Outpatient care" means care rendered by a
37 state-licensed, approved or certified detoxifica-
38 tion, residential treatment or outpatient pro-
39 gram, or partial hospitalization program on a
40 periodic basis, including, but not limited to,
41 patient diagnosis, assessment and treatment,
42 individual, family and group counseling and edu-
43 cational and support services.

1 D. "Partial hospitalization" means ambulatory
2 services, during the day or evening, of at least
3 4 hours in duration in each day, including, but
4 not limited to, patient diagnosis and treatment,
5 individual, family and group counseling, educa-
6 tional and support services, patient activities
7 and pharmaceutical services.

8 E. "Renewal" means at any time either party has
9 a right of renewal, or has the option to renew,
10 or at such time as a premium becomes due, or on
11 the anniversary date of the policy, but in no
12 case longer than one year.

13 F. "Residential treatment" means services at a
14 facility that provides care 24 hours daily to one
15 or more patients, including, but not limited to,
16 the following services: Room and board; medical,
17 nursing and dietary services; patient diagnosis,
18 assessment and treatment; individual, family and
19 group counseling; and educational and support
20 services, including a designated unit of a li-
21 icensed health care facility providing any and all
22 other services specified in this paragraph to
23 patients with the illnesses of alcoholism and
24 drug dependency.

25 G. "Treatment plan" means a written plan ini-
26 tiated at the time of admission, approved by a
27 Doctor of Medicine, Doctor of Osteopathy or a
28 Registered Substance Abuse Counselor employed by
29 a certified or licensed substance abuse program,
30 including, but not limited to, the patient's med-
31 ical, drug and alcoholism history; record of
32 physical examination; diagnosis; assessment of
33 physical capabilities; mental capacity; orders
34 for medication, diet and special needs for the
35 patient's health or safety and treatment, includ-
36 ing medical, psychiatric, psychological, social
37 services, individual, family and group counsel-
38 ing; and educational, support and referral ser-
39 vices.

40 3. Requirement. No insurance policy or contract
41 governed by this chapter may be delivered, issued,
42 issued for delivery, executed or renewed in this
43 State or approved by the Bureau of Insurance after

1 the effective date of this section, unless the policy
2 or contract provides benefits to any subscriber or
3 other person covered under this section for expenses
4 incurred in connection with the treatment of alcohol-
5 ism and other drug dependency pursuant to a treatment
6 plan.

7 4. Services. Benefits provided under this
8 section shall be on the same basis as coverage for
9 other benefits when, pursuant to a treatment plan for
10 alcoholism or drug dependency, treatment services are
11 rendered in:

12 A. A licensed hospital;

13 B. A detoxification facility, as licensed, cer-
14 tified or approved by the State;

15 C. A residential facility, as licensed, certi-
16 fied or approved by the State; or

17 D. An outpatient alcoholism or drug dependency
18 treatment program, as licensed, certified or
19 approved by the State.

20 5. Effect; copayments; deductibles. Use of ben-
21 efits for alcoholism and drug dependency treatment
22 shall not preclude further or additional treatment,
23 provided that the benefit days used do not exceed the
24 total number of benefit days provided for any illness
25 under the contract or policy.

26 6. Reimbursement. Health insurers shall reim-
27 burse in identical fashion for the same or similar
28 services.

29 7. Notice. At the time of delivery or renewal,
30 each health insurer shall notify, in writing, each
31 individual subscriber or policyholder, and any and
32 all individuals eligible for benefits under group
33 policies, of these alcoholism and drug dependency
34 treatment benefits.

35 8. Confidentiality. The confidentiality of all
36 alcoholism and drug treatment patient records shall
37 be protected. The Office of Alcoholism and Drug
38 Abuse Prevention (OADAP) is authorized, empowered and

1 directed to promulgate rules to protect the confiden-
2 tiality of alcoholism and drug treatment patient
3 records. It is the intent of the Legislature that
4 alcoholism and drug treatment patient records are to
5 be considered as a separate category from other medi-
6 cal records.

7 9. Advisory group. In order to monitor the
8 operation of this section, the Alcoholism and Drug
9 Dependency Insurance Advisory Committee is estab-
10 lished, as provided in Title 24-A, section 2843.

11 Sec. 2. 24-A MRSA §2748 is enacted to read:

12 §2748. Equitable health care for alcoholism and drug
13 dependency treatment

14 1. Purpose. The Legislature recognizes that
15 alcoholism and drug dependency constitute major
16 health problems in the State and in the nation. The
17 Legislature further recognizes that alcoholism is a
18 disease and that alcoholism and drug dependency can
19 be effectively treated. As such, alcoholism and drug
20 dependency warrant the same attention from the health
21 care industry as other serious diseases and ill-
22 nesses. The Legislature further recognizes that
23 health insurance contracts, at times, fail to provide
24 adequate benefits for the treatment of alcoholism and
25 drug dependency, which results in more costly health
26 care for treatment of complications caused by the
27 lack of early intervention and other treatment ser-
28 vices for persons suffering from these illnesses.
29 This situation causes a higher health care, social,
30 law enforcement and economic cost to the citizens of
31 this State than is necessary, including the need for
32 the State to provide treatment to some insurance sub-
33 scribers at public expense. To assist the many citi-
34 zens of this State who suffer from these illnesses in
35 a more cost effective way, the Legislature declares
36 that certain health insurance coverage providing ben-
37 efits for the treatment of the illness of alcoholism
38 and drug dependency shall be included in all health
39 insurance contracts, and that this section promotes
40 the public health, safety and welfare.

41 2. Definitions. As used in this section, unless
42 the context indicates otherwise, the following terms
43 have the following meanings.

1 A. "Detoxification" means short-term care in a
2 facility, pursuant to a treatment plan, for
3 patients with symptoms of withdrawal from alcohol
4 or other drugs, including, but not limited to,
5 observation; monitoring; assessment; withdrawal;
6 individual, family and group counseling; educa-
7 tional and support services; and referral to
8 treatment programs for continued care.

9 B. "Health insurer" means an insurer regulated
10 under this chapter.

11 C. "Outpatient care" means care rendered by a
12 state-licensed, approved or certified detoxifica-
13 tion, residential treatment or outpatient pro-
14 gram, or partial hospitalization program on a
15 periodic basis, including, but not limited to,
16 patient diagnosis, assessment and treatment,
17 individual, family and group counseling and edu-
18 cational and support services.

19 D. "Partial hospitalization" means ambulatory
20 services, during the day or evening, of at least
21 4 hours in duration in each day, including, but
22 not limited to, patient diagnosis and treatment,
23 individual, family and group counseling, educa-
24 tional and support services, patient activities
25 and pharmaceutical services.

26 E. "Renewal" means at any time either party has
27 a right of renewal, or has the option to renew,
28 or at such time as a premium becomes due, or on
29 the anniversary date of the policy, but in no
30 case longer than one year.

31 F. "Residential treatment" means services at a
32 facility that provides care 24 hours daily to one
33 or more patients, including, but not limited to,
34 the following services: Room and board; medical,
35 nursing and dietary services; patient diagnosis,
36 assessment and treatment; individual, family and
37 group counseling; and educational and support
38 services, including a designated unit of a li-
39 icensed health care facility providing any and all
40 other services specified in this paragraph to
41 patients with the illnesses of alcoholism and
42 drug dependency.

1 G. "Treatment plan" means a written plan ini-
2 tiated at the time of admission, approved by a
3 Doctor of Medicine, Doctor of Osteopathy or a
4 Registered Substance Abuse Counselor employed by
5 a certified or licensed substance abuse program,
6 including, but not limited to, the patient's med-
7 ical, drug and alcoholism history; record of
8 physical examination; diagnosis; assessment of
9 physical capabilities; mental capacity; orders
10 for medication, diet and special needs for the
11 patient's health or safety and treatment, includ-
12 ing medical, psychiatric, psychological, social
13 services, individual, family and group counsel-
14 ing; educational, support and referral services.

15 3. Requirement. No insurance policy or contract
16 governed by this chapter may be delivered, issued,
17 issued for delivery, executed or renewed in this
18 State or approved by the Bureau of Insurance after
19 the effective date of this section, unless the policy
20 or contract provides benefits to any subscriber or
21 other person covered under this section for expenses
22 incurred in connection with the treatment of alcohol-
23 ism and other drug dependency pursuant to a treatment
24 plan.

25 4. Services. Benefits provided under this
26 section shall be on the same basis as coverage for
27 other benefits when, pursuant to a treatment plan for
28 alcoholism or drug dependency, treatment services are
29 rendered in:

30 A. A licensed hospital;

31 B. A detoxification facility, as licensed, cer-
32 tified or approved by the State;

33 C. A residential facility, as licensed, certi-
34 fied or approved by the State; or

35 D. An outpatient alcoholism or drug dependency
36 treatment program, as licensed, certified or
37 approved by the State.

38 5. Effect; copayments; deductibles. Use of ben-
39 efits for alcoholism and drug dependency treatment
40 shall not preclude further or additional treatment,

1 provided that the benefit days used do not exceed the
2 total number of benefit days provided for any illness
3 under the contract or policy.

4 6. Reimbursement. Health insurers shall reim-
5 burse in identical fashion for the same or similar
6 services.

7 7. Notice. At the time of delivery or renewal,
8 each health insurer shall notify, in writing, each
9 individual subscriber or policyholder of these alco-
10 holism and drug dependency treatment benefits.

11 8. Confidentiality. The confidentiality of all
12 alcoholism and drug treatment patient records shall
13 be protected. The Office of Alcoholism and Drug
14 Abuse Prevention (OADAP) is authorized, empowered and
15 directed to promulgate rules to protect the confiden-
16 tiality of alcoholism and drug treatment patient
17 records. It is the intent of the Legislature that
18 alcoholism and drug treatment patient records are to
19 be considered as a separate category from other medi-
20 cal records.

21 9. Advisory group. In order to monitor the
22 operation of this section, the Alcoholism and Drug
23 Dependency Insurance Advisory Committee is estab-
24 lished, as provided in section 2843.

25 Sec. 3. 24-A MRSA §2842, as enacted by PL 1981,
26 c. 319, §2, is repealed and the following enacted in
27 its place:

28 §2842. Equitable health care for alcoholism and drug
29 dependency treatment

30 1. Purpose. The Legislature recognizes that
31 alcoholism and drug dependency constitute major
32 health problems in the State and in the nation. The
33 Legislature further recognizes that alcoholism is a
34 disease and that alcoholism and drug dependency can
35 be effectively treated. As such, alcoholism and drug
36 dependency warrant the same attention from the health
37 care industry as other serious diseases and ill-
38 nesses. The Legislature further recognizes that
39 health insurance contracts, at times, fail to provide
40 adequate benefits for the treatment of alcoholism and

1 drug dependency, which results in more costly health
2 care for treatment of complications caused by the
3 lack of early intervention and other treatment ser-
4 vices for persons suffering from these illnesses.
5 This situation causes a higher health care, social,
6 law enforcement and economic cost to the citizens of
7 this State than is necessary, including the need for
8 the State to provide treatment to some insurance sub-
9 scribers at public expense. To assist the many citi-
10 zens of this State who suffer from these illnesses in
11 a more cost effective way, the Legislature declares
12 that certain health insurance coverage providing ben-
13 efits for the treatment of the illness of alcoholism
14 and drug dependency shall be included in all health
15 insurance contracts, and that this section promotes
16 the public health, safety and welfare.

17 2. Definitions. As used in this section, unless
18 the context indicates otherwise, the following terms
19 have the following meanings.

20 A. "Detoxification" means short-term care in a
21 facility, pursuant to a treatment plan, for
22 patients with symptoms of withdrawal from alcohol
23 or other drugs, including, but not limited to,
24 observation; monitoring; assessment; withdrawal;
25 individual, family and group counseling; educa-
26 tional and support services; and referral to
27 treatment programs for continued care.

28 B. "Health insurer" means an insurer regulated
29 under this chapter.

30 C. "Outpatient care" means care rendered by a
31 state-licensed, approved or certified detoxifica-
32 tion, residential treatment or outpatient pro-
33 gram, or partial hospitalization program on a
34 periodic basis, including, but not limited to,
35 patient diagnosis, assessment and treatment,
36 individual, family and group counseling and edu-
37 cational and support services.

38 D. "Partial hospitalization" means ambulatory
39 services, during the day or evening, of at least
40 4 hours in duration in each day, including, but
41 not limited to, patient diagnosis and treatment,
42 individual, family and group counseling, educa-

1 tional and support services, patient activities
2 and pharmaceutical services.

3 E. "Renewal" means at any time either party has
4 a right of renewal, or has the option to renew,
5 or at such time as a premium becomes due, or on
6 the anniversary date of the policy, but in no
7 case longer than one year.

8 F. "Residential treatment" means services at a
9 facility that provides care 24 hours daily to one
10 or more patients, including, but not limited to,
11 the following services: Room and board; medical,
12 nursing and dietary services; patient diagnosis,
13 assessment and treatment; individual, family and
14 group counseling; and educational and support
15 services, including a designated unit of a li-
16 censed health care facility providing any and all
17 other services specified in this paragraph to
18 patients with the illnesses of alcoholism and
19 drug dependency.

20 G. "Treatment plan" means a written plan ini-
21 tiated at the time of admission, approved by a
22 Doctor of Medicine, Doctor of Osteopathy or a
23 Registered Substance Abuse Counselor employed by
24 a certified or licensed substance abuse program,
25 including, but not limited to, the patient's med-
26 ical, drug and alcoholism history; record of
27 physical examination; diagnosis; assessment of
28 physical capabilities; mental capacity; orders
29 for medication, diet and special needs for the
30 patient's health or safety and treatment, includ-
31 ing medical, psychiatric, psychological, social
32 services, individual, family and group counsel-
33 ing; educational, support and referral services.

34 3. Requirement. No insurance policy or contract
35 governed by this chapter may be delivered, issued,
36 issued for delivery, executed or renewed in this
37 State or approved by the Bureau of Insurance after
38 the effective date of this section, unless the policy
39 or contract provides benefits to any subscriber or
40 other person covered under this section for expenses
41 incurred in connection with the treatment of alcohol-
42 ism and other drug dependency pursuant to a treatment
43 plan.

1 4. Services. Benefits provided under this
2 section shall be on the same basis as coverage for
3 other benefits when, pursuant to a treatment plan for
4 alcoholism or drug dependency, treatment services are
5 rendered in:

6 A. A licensed hospital;

7 B. A detoxification facility, as licensed, cer-
8 tified or approved by the State;

9 C. A residential facility, as licensed, certi-
10 fied or approved by the State; or

11 D. An outpatient alcoholism or drug dependency
12 treatment program, as licensed, certified or
13 approved by the State.

14 5. Effect; copayments; deductibles. Use of ben-
15 efits for alcoholism and drug dependency treatment
16 shall not preclude further or additional treatment,
17 provided that the benefit days used do not exceed the
18 total number of benefit days provided for any illness
19 under the contract or policy.

20 6. Reimbursement. Health insurers shall reim-
21 burse in identical fashion for the same or similar
22 services.

23 7. Notice. At the time of delivery or renewal,
24 each health insurer shall notify, in writing, each
25 individual subscriber or policyholder, and any and
26 all individuals eligible for benefits under group
27 policies, of these alcoholism and drug dependency
28 treatment benefits.

29 8. Confidentiality. The confidentiality of all
30 alcoholism and drug treatment patient records shall
31 be protected. The Office of Alcoholism and Drug
32 Abuse Prevention (OADAP) is authorized, empowered and
33 directed to promulgate rules to protect the confiden-
34 tiality of alcoholism and drug treatment patient
35 records. It is the intent of the Legislature that
36 alcoholism and drug treatment patient records are to
37 be considered as a separate category from other medi-
38 cal records.

1 9. Advisory group. In order to monitor the
2 operation of this section, the Alcoholism and Drug
3 Dependency Insurance Advisory Committee is estab-
4 lished, as provided in section 2843.

5 Sec. 4. 24-A MRSA §2843 is enacted to read:

6 §2843. Alcoholism and Drug Dependency Insurance
7 Advisory Committee

8 1. Established; duties. There is established
9 the Alcoholism and Drug Dependency Insurance Advisory
10 Committee to review the implementation of sections
11 2748 and 2842, and Title 24, section 2329. The com-
12 mittee shall review benefit structures, benefit util-
13 ization review, cost containment, licensure or certi-
14 fication for programs, licensure for counselors and
15 quality assurance standards.

16 2. Composition. The committee shall consist of
17 no more than 14 members who, except members repre-
18 senting the Legislature, shall be appointed by the
19 Governor. The Governor shall appoint:

20 A. One member who is a representative of the
21 Bureau of Insurance;

22 B. One member who is a representative of the
23 Office of Alcoholism and Drug Abuse Prevention;

24 C. One member who is a representative of the
25 Bureau of Health;

26 D. One member who is a representative of a medi-
27 cal service corporation;

28 E. One member who is a representative of a com-
29 mercial insurance company;

30 F. One representative of business and industry
31 and one representative of labor; one appointee
32 under this paragraph shall represent a policy-
33 holder with a group contract issued by a medical
34 service corporation, and one appointee shall
35 represent a policyholder with a group contract
36 issued by a commercial carrier;

1 G. Two members who are representatives of alco-
2 holism and drug dependency treatment providers;
3 and

4 H. Three members who are representatives of the
5 general public; of these 2 appointees shall be
6 persons who have recovered from alcoholism or
7 drug dependency, with an abstinence period of no
8 less than 3 years.

9 3. Legislative members. Two members of the com-
10 mittee shall be current members of the Legislature,
11 consisting of one member of the House of Representa-
12 tives appointed by the Speaker of the House to serve
13 at his pleasure and one member from the Senate
14 appointed by the President of the Senate to serve at
15 his pleasure.

16 4. Term. Members appointed by the Governor
17 shall be appointed for terms of 2 years. Members
18 shall be eligible for reappointment for not more than
19 2 consecutive terms and may serve after the expira-
20 tion of their terms until their successors have been
21 appointed.

22 5. Removal. The appointment of any member of
23 the committee shall be terminated if a member is ab-
24 sent for more than 2 consecutive meetings without
25 good cause as determined by the chairman.

26 6. Chairman; officers. The Governor shall des-
27 ignate the chairman from among the members appointed
28 to the committee. The committee may elect other
29 officers as it deems appropriate.

30 7. Meetings; minutes. The committee shall meet
31 at the call of the chairman at least 4 times each
32 year. The committee shall keep minutes of all meet-
33 ing, including a list of the members in attendance.
34 Copies of the minutes shall be sent to the Governor
35 and to the leadership of the House and Senate.

36 8. Quorum. A majority of the committee members
37 shall constitute a quorum for the purpose of conduct-
38 ing business of the committee. A vote of the major-
39 ity of the members present shall be sufficient for
40 all actions of the committee.

1 9. Expenses. Members of the committee shall
2 serve without compensation, but they may be reim-
3 bursed on the same basis as employees of the State
4 for actual travel and other necessary expenses incur-
5 red in performance of their duties.

6 STATEMENT OF FACT

7 This bill is intended to contain health care
8 costs for the treatment of alcoholism and drug depen-
9 dency by extending health insurance coverage to
10 include outpatient program and nonhospital-based res-
11 idential treatment programs. It provides health care
12 benefits in a variety of settings in addition to
13 hospitals that will address the needs of patients in
14 the most appropriate and cost-effective manner.

15 This approach finds support in the recent report
16 of the Foundation Associates to the Legislature's
17 Joint Select Committee on Alcoholism Services.
18 Citing Maine health care expenditures of \$113 million
19 per year related to alcohol abuse and alcoholism, one
20 of their 7 major recommendations is to "achieve
21 insurance coverage" for alcoholism and drug depen-
22 dency treatment.

23 Similar coverage is required by law in 17 other
24 states, including 3 in New England.

25 Sections 1 to 3 are substantially identical
26 provisions requiring coverage, respectively, to sub-
27 scribers of nonprofit hospital or medical service
28 organizations, and under both individual and group
29 and blanket health insurance policies. Section 4
30 creates an advisory committee to monitor the effec-
31 tiveness of the law.

32 The bill constitutes a recognition that past
33 approaches have resulted in unacceptably high social
34 and economic costs for the State, individuals and
35 insurers. By providing for treatment according to a
36 plan and in cost-efficient settings and manners, this
37 measure represents a sound approach to a costly prob-
38 lem.

39 0302020383