# MAINE STATE LEGISLATURE

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1	L.D. 1718
2	(Filing No. H- 350)
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3 4 5 6	STATE OF MAINE HOUSE OF REPRESENTATIVES 111TH LEGISLATURE FIRST REGULAR SESSION
7 8 9	HOUSE AMENDMENT " $\mathcal{B}$ " to S.P. 596, L.D. 1718, Bill, "AN ACT to Provide Equitable Mental Health Insurance."
10 11 12 13	Amend the bill in section 4 in that part designated "§2325-A." in subsection 4 in the 2nd line (page 4, line 36 in L.D.) by striking out the underlined word "group"
14 15 16 17	Further amend the bill in section 4 in that part designated "§2325-A." in subsection 5 in the first line (page 5, line 1 in L.D.) by striking out the underlined word "group"
18 19 20 21	Further amend the bill in section 4 in that part designated "§2325-A." in subsection 8 in the 6th line from the end (page 5, line 30 in L.D.) by striking out the underlined word "group"
22 23	Further amend the bill by inserting after section 4 the following:
24 25	'Sec. 5. 24-A MRSA §2744, as enacted by PL 1975, c. 170, §104, is repealed.
26	Sec. 6. 24-A MRSA §2744-A is enacted to read:
27	§2744-A. Mental health services coverage
28	1. Findings. The Legislature finds that:
29 30 31 32	A. Mental illness affects nearly 170,000 Maine people each year, resulting in anguish, grief, desperation, fear, isolation and a sense of hopelessness of significant levels among victims
33	and familiage

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1	B Consequences of montal illness include the
_	B. Consequences of mental illness include the
2	expenditure of millions of dollars of public
3	funds for treatment and losses of millions of
4	dollars by Maine businesses in accidents, absen-
5 6	teeism, nonproductivity and turnover. Excessive
6	stress and anxiety and other forms of mental ill-
7	ness clearly contribute to general health prob-
8	lems and costs;
9	C Timigal health gavernes in this State dis-
-	C. Typical health coverage in this State dis- criminates against mental illness, the victims
10	criminates against mental illness, the victims
11	and affected families with nonexistent or limited
12	benefits compared to provisions for other ill-
13	nesses; and
14	D. Experience in this State and several other
15	states demonstrates that the risk of mental ill-
16	ness can be insured at reasonable cost and with
17	adequate controls on quality and utilization of
18	treatment.
19	<ol><li>Policy and purpose. The Legislature declares</li></ol>
20	that it is the policy of this State to:
21	A. Promote equitable and nondiscriminatory
22	
22	health coverage benefits for all forms of ill-
23	ness, including mental and emotional disorders,
24	ness, including mental and emotional disorders,
24 25	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated
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24 25	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated
24 25	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;
24 25 26 27	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other ill-
24 25 26 27 28	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate
24 25 26 27 28 29	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in
24 25 26 27 28	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate
24 25 26 27 28 29 30	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;
24 25 26 27 28 29 30	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;  C. Assure that costs of treatment of mental ill-
24 25 26 27 28 29 30 31 32	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;  C. Assure that costs of treatment of mental illness are supported through an equitable combina-
24 25 26 27 28 29 30	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;  C. Assure that costs of treatment of mental ill-
24 25 26 27 28 29 30 31 32 33	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;  C. Assure that costs of treatment of mental illness are supported through an equitable combination of public and private responsibilities; and
24 25 26 27 28 29 30 31 32	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;  C. Assure that costs of treatment of mental illness are supported through an equitable combination of public and private responsibilities; and
24 25 26 27 28 29 30 31 32 33	ness, including mental and emotional disorders, which are of significant consequence to the health of Maine people and which can be treated in a cost-effective manner;  B. Assure that victims of mental and other illnesses have access to and choice of appropriate treatment at the earliest point of illness in least restrictive settings;  C. Assure that costs of treatment of mental illness are supported through an equitable combina-

#### HOUSE AMENDMENT " $\beta$ " to S.P. 596, L.D. 1718

- policy in this State by prescribing types of illnesses and treatment for which benefits shall be 2 3 provided. 4 3. Definitions. For purposes of this section, 5 unless the context otherwise indicates, the following 6 terms have the following meanings. A. "Day treatment services" includes psychoed-ucational, physiological, psychological and 7 8 psychosocial concepts, techniques and processes 9 10 to maintain or develop functional skills of clients, provided to individuals and groups for 11 12 periods of more than 2 hours but less than 24 13 hours per day. B. "Inpatient services" includes a range of 14 physiological, psychological and other inter-15 16 vention concepts, techniques and processes in a 17 community mental health psychiatric inpatient 18 unit, general hospital psychiatric unit or 19 psychiatric hospital licensed by the Department 20 of Human Services or accredited public hospital 21 to restore psychosocial functioning sufficient to 22 allow maintenance and support of the client in a
- C. "Outpatient services" includes screening,
  evaluation, consultations, diagnosis and treatment involving use of psychoeducational, physiological, psychological and psychosocial evaluative and interventive concepts, techniques and
  processes provided to individuals and groups.

less restrictive setting.

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30 "Person suffering from a mental or nervous 31 condition" means a person whose psychobiological 32 processes are impaired severely enough to manifest problems in the areas of social, psycho-33 logical or biological functioning. Such a person 34 has a disorder of thought, mood, perception, 35 orientation or memory which impairs judgment, 36 37 behavior, capacity to recognize or ability to

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1 cope with the ordinary demands of life. The 2 person manifests an impaired capacity to maintain acceptable levels of functioning in the areas of 3 intellect, emotion or physical well-being. 4 5 "Provider" means individuals included in Title 24, section 2303, subsection 2, and a li-6 censed physician with 3 years' approved residency 7 in psychiatry, an accredited public hospital or 8 9 psychiatric hospital or a community agency licensed at the comprehensive service level by the 10 Department of Mental Health and Mental Retarda-11 tion. All agency or institutional providers named in this paragraph shall assure that services are supervised by a psychiatrist or li-12 13 14 15 censed psychologist. 16 4. Requirement. Every insurer which issues 17 health insurance policies providing coverage for 18 hospital care to residents of this State shall provide benefits as required in this section to any sub-19 20 scriber or other person covered under those policies 21 for conditions arising from mental illness. 22 Services. Each health insurance policy shall provide, at a minimum, for the following benefits for 23 24 a person suffering from a mental or nervous condi-25 tion: 26 A. Inpatient care; 27 B. Day treatment services; and 28 C. Outpatient services. 29 \_Limits; coinsurance; deductibles. Any policy 30 contract which provides coverage for the services required by this section may contain provisions for 31 32 maximum benefits and coinsurance and reasonable 33 limitations, deductibles and exclusions to the extent 34 that these provisions are not inconsistent with the

requirements of this section.

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1	7. Reports to the Superintendent of Insur-
2	ance. Every insurer subject to this section shall
3	report its experience for each calendar year begin-
4	ning with 1984 to the superintendent not later than
5	April 30th of the following year. The report shall
6	be in a form prescribed by the superintendent and
7	shall include the amount of claims paid in this State
8	for the services required by this section and the
9	total amount of claims paid in this State for health
10	insurance policies, both separated between those paid
11	for inpatient, day treatment and outpatient services.
12	The superintendent shall compile this data for all
13	insurers in an annual report.
14 15 16 17	8. Application; expiration. The requirements of this section shall apply to all policies executed, delivered, issued for delivery or renewed in this
17 18	State on or after January 1, 1984. The requirements of this section shall expire on January 1, 1988.
19	Further amend the bill by renumbering the sections to read consecutively.
21	STATEMENT OF FACT
22 23 24	The purpose of this amendment is to extend the coverage of the bill to all health insurance policies not just group health insurance policies.

Filed by Rep. Racine of Biddeford Reproduced and distributed under the direction of the Clerk of the House 6/6/83 (Filing No. H-350)