

MAINE STATE LEGISLATURE

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R. of S.

L.D. 1553

(Filing No. S- 775)

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STATE OF MAINE
SENATE
115TH LEGISLATURE
SECOND REGULAR SESSION

SENATE AMENDMENT "A" to H.P. 1064, L.D. 1553, Bill, "An Act to Provide Equitable Insurance Coverage for Mental Illness"

Amend the bill by striking out everything after the enacting clause and before the statement of fact and inserting in its place the following:

Sec. 1. 24 MRSA §2325-A, sub-§5-B is enacted to read:

5-B. Coverage for certain mental illness treatment. Coverage for medical treatment for mental illnesses listed in paragraph A is subject to this subsection. Nothing in this subsection requires benefit levels or maximum lifetime or annual benefits for medical treatment for mental illness that exceed the benefit levels or maximum lifetime or annual benefits for other illnesses and diseases.

A. All group contracts must provide at a minimum benefits according to paragraph B, subparagraphs (1) to (3) for the usual, customary and reasonable charges for a person receiving medical treatment for:

- (1) Schizophrenia;
- (2) Bipolar disorder;
- (3) Pervasive developmental disorder, or autism;
- (4) Childhood schizophrenia;
- (5) Psychotic depression, or involuntional melancholia;
- (6) Paranoia;
- (7) Panic disorder;

SENATE AMENDMENT

SENATE AMENDMENT 'A' to H.P. 1064, L.D. 1553

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(8) Obsessive-compulsive disorder; or

(9) Major depressive disorder.

B. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1993 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

(1) The contracts must provide inpatient care benefits of at least 60 days per calendar year.

(2) The contracts must provide outpatient care benefits of at least \$2,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 60% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for mental illness.

C. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1994 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

(1) The contracts must provide inpatient care benefits of at least 90 days per calendar year.

(2) The contracts must provide outpatient care benefits of at least \$3,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 70% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for mental illness.

D. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1995 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

2 (1) The contracts must provide inpatient care benefits
3 of at least 120 days per calendar year.

4 (2) The contracts must provide outpatient care
5 benefits of at least \$4,000 for any combination of
6 outpatient and day treatment care. The minimum level
7 of benefits provided must be at least 80% of the usual,
8 customary and reasonable charge.

10 (3) The contracts may not contain a maximum lifetime
11 benefit for mental illness.

12 E. All policies and certificates executed, delivered,
13 issued for delivery, continued or renewed in this State on
14 or after July 1, 1996 must provide benefits equal to
15 benefits provided for other illnesses and diseases. The
16 contracts may not contain a maximum lifetime benefit for
17 mental illness.

20 **Sec. 2. 24 MRSA §2325-A, sub-§9, as repealed and replaced by**
21 **PL 1987, c. 480, §2, is amended to read:**

22 **9. Application; expiration.** The Except as otherwise
23 provided, the requirements of this section shall apply to all
24 policies and any certificates executed, delivered, issued for
25 delivery, continued or renewed in this State on or after January
26 1, 1984. For purposes of this section, all contracts shall-be
27 are deemed to be renewed no later than the next yearly
28 anniversary of the contract date.

30 **Sec. 3. 24-A MRSA §2843, sub-§5-B is enacted to read:**

32 **5-B. Coverage for certain mental illness treatment.**
33 Coverage for medical treatment for mental illnesses listed in
34 paragraph A is subject to this subsection. Nothing in this
35 subsection requires benefit levels or maximum lifetime or annual
36 benefits for medical treatment for mental illness that exceed the
37 benefit levels or maximum lifetime or annual benefits for other
38 illnesses and diseases.

40 A. All group contracts must provide at a minimum benefits
41 according to paragraph B, subparagraphs (1) to (3) for the
42 usual, customary and reasonable charges for a person
43 receiving medical treatment for:

- 46 (1) Schizophrenia;
- 48 (2) Bipolar disorder;
- 50 (3) Pervasive developmental disorder, or autism;

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- (4) Childhood schizophrenia;
- (5) Psychotic depression, or involuntional melancholia;
- (6) Paranoia;
- (7) Panic disorder;
- (8) Obsessive-compulsive disorder; or
- (9) Major depressive disorder.

B. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1993 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

- (1) The contracts must provide inpatient care benefits of at least 60 days per calendar year.
- (2) The contracts must provide outpatient care benefits of at least \$2,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 60% of the usual, customary and reasonable charge.
- (3) The contracts may not contain a maximum lifetime benefit for mental illness.

C. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1994 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

- (1) The contracts must provide inpatient care benefits of at least 90 days per calendar year.
- (2) The contracts must provide outpatient care benefits of at least \$3,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 70% of the usual, customary and reasonable charge.
- (3) The contracts may not contain a maximum lifetime benefit for mental illness.

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D. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1995 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

(1) The contracts must provide inpatient care benefits of at least 120 days per calendar year.

(2) The contracts must provide outpatient care benefits of at least \$4,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 80% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for mental illness.

E. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1996 must provide benefits equal to benefits provided for other illnesses and diseases. The contracts may not contain a maximum lifetime benefit for mental illness.

Sec. 4. 24-A MRSA §2843, sub-§8, as repealed and replaced by PL 1987, c. 480, §6, is amended to read:

8. Application; expiration. The Except as otherwise provided, the requirements of this section shall apply to all policies and any certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 1984. For purposes of this section, all contracts shall be ~~are~~ deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 5. Report on costs of mental illness benefits. On or before May 1, 1993, Blue Cross Blue Shield of Maine shall report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over banking and insurance matters on the cost of providing coverage for mental illnesses according to the requirements of this Act for employees of the State. The report must contain data on costs as derived from information applicable to the time period May 1, 1992 to March 31, 1993.

SENATE AMENDMENT

2 **Sec. 6. Costs not funded.** Notwithstanding the Maine Revised
4 Statutes, Title 30-A, section 5684, any requirements of this Act
6 that result in additional costs to local or county government are
8 not state mandates subject to that section and the State is not
10 required to fund those costs.

12 **Sec. 7. Effective date.** Section 5 of this Act takes effect July
14 1, 1992. Sections 1 to 4, 6 and 8 take effect July 1, 1993.

16 **Sec. 8. Repeal.** This Act is repealed July 1, 1993.

18 **FISCAL NOTE**

20 This bill will increase costs to the State for employee
22 health insurance beginning in fiscal year 1993-94. The cost of
24 the gradual implementation of benefit changes can not be
26 determined at this time. Data will be collected and analyzed
28 during fiscal year 1992-93 and will be used to determine plan
30 costs, but will not result in additional health insurance costs
32 in that year.'

34 **STATEMENT OF FACT**

36 This amendment delays the implementation of the benefit
38 change for one year, then begins the benefit changes on a 3-year
40 schedule, ending in parity with benefits for other illnesses and
diseases beginning July 1, 1996. The amendment requires Blue
Cross Blue Shield of Maine to report to the Legislature on or
before May 1, 1993 regarding costs for coverage according to the
schedule of the amendment. The amendment also adds a fiscal note.

(Senator BRANNIGAN)
SPONSORED BY:

COUNTY: Cumberland

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