

MAINE STATE LEGISLATURE

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120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 600

H.P. 472

House of Representatives, February 8, 2001

**An Act to Implement the Recommendations of the Joint Select
Committee on School-based Health Care Services.**

Reported by Representative FULLER for the Joint Select Committee on School-based Health Care Services, pursuant to Joint Order 1999, H.P. 1864.

Reference to the Joint Standing Committee on Banking and Insurance suggested and printing ordered under Joint Rule 218.

Millicent M. MacFarland

MILLICENT M. MacFARLAND, Clerk

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

2 Sec. 1. 22 MRSA §3174-Z is enacted to read:

4 §3174-Z. Services provided in school-based health centers

6 1. State match for school-based health centers certified as
8 ambulatory care clinics. No later than October 1, 2001, the
10 department shall adopt rules to require the department to provide
12 the State's match for federal revenues under the Medicaid program
14 for services provided in school-based health centers that qualify
for reimbursement under the United States Social Security Act,
Title XIX. Rules adopted under this subsection are routine
technical rules pursuant to Title 5, chapter 375, subchapter II-A.

16 2. Case management services. No later than October 1,
18 2001, the department shall adopt rules to expand eligibility
20 requirements under the Medicaid program to allow school-based
22 health centers to qualify for reimbursement for case management
services. Rules adopted under this subsection are routine
technical rules pursuant to Title 5, chapter 375, subchapter II-A.

24 Sec. 2. 24 MRSA §2317-B, sub-§12-A is enacted to read:

26 12-A. Title 24-A, sections 2759 and 2847-J. Coverage for
28 services provided in school-based health centers, Title 24-A,
30 sections 2759 and 2847-J;

32 Sec. 3. 24-A MRSA §2759 is enacted to read:

34 §2759. Coverage for services provided in school-based
36 health centers

38 1. Definitions. As used in this section, unless the context
40 indicates otherwise, the following terms have the following
42 meanings.

44 A. "Enrollee" means a student in an elementary, middle or
46 secondary school who is enrolled in an individual health
48 plan provided by an insurer.

50 B. "School-based health center" is a facility located in a
school building or on school grounds in this State that
provides comprehensive primary health care services,
including, but not limited to, health screening, referral,
health education and counseling, medical diagnosis and
treatment and mental health services.

2. Coverage for school-based health centers. An insurer
that issues individual contracts shall provide coverage under

2 those contracts for services performed in a school-based health
3 center when those services are covered services and within the
4 lawful scope of practice of a health care professional who is
5 employed by or contracted to a school-based health center.

6 3. Reimbursement for self-referred services. With respect
7 to individual contracts that require the selection of a primary
8 care provider, an insurer shall provide coverage and payment
9 under those contracts for covered services provided in a
10 school-based health center without requiring prior approval from
11 a primary care provider as a condition of reimbursement. Within
12 3 business days after an enrollee's visit to a school-based
13 health center in accordance with this subsection, the
14 school-based health center must notify the primary care provider
15 of the enrollee's complaint, related history, examination,
16 initial diagnosis and course of treatment. If the school-based
17 health center fails to provide the notice required by this
18 subsection, the insurer is not obligated to provide payment for
19 services and the enrollee is not liable to the school-based
20 health center for any unpaid fees.

21 4. Reimbursement amount. An insurer that provides coverage
22 required under this section shall reimburse a school-based health
23 center at the usual, customary and reasonable fee for a covered
24 service.

25 5. Limits; coinsurance; deductibles. Any contract that
26 provides coverage for the services required under this section
27 may contain provisions for maximum benefits and coinsurance and
28 reasonable limitations, deductibles and exclusions to the extent
29 that these provisions are not inconsistent with the requirements
30 of this section.

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34 **Sec. 4. 24-A MRS §2847-J is enacted to read:**

35 **§2847-J. Coverage for services provided in school-based**
36 **health centers**

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39 **1. Definitions.** As used in this section, unless the context
40 indicates otherwise, the following terms have the following
41 meanings.

42
43 **A. "Enrollee"** means a student in an elementary, middle or
44 secondary school who is enrolled in a group health plan
45 provided by an insurer.

46
47 **B. "School-based health center"** is a facility located in a
48 school building or on school grounds in this State that
49 provides comprehensive primary health care services,
50 including, but not limited to, health screening, referral,

2 health education and counseling, medical diagnosis and
3 treatment and mental health services.

4 2. Coverage for school-based health centers. An insurer
5 that issues group health insurance policies and contracts shall
6 provide coverage under those contracts for services performed in
7 a school-based health center when those services are covered
8 services and within the lawful scope of practice of a health care
9 professional who is employed by or contracted to a school-based
10 health center.

11 3. Reimbursement for self-referred services. With respect
12 to group health insurance policies and contracts that require the
13 selection of a primary care provider, an insurer shall provide
14 coverage and payment under those contracts for covered services
15 provided in a school-based health center without requiring prior
16 approval from a primary care provider as a condition of
17 reimbursement. Within 3 business days after an enrollee's visit
18 to a school-based health center in accordance with this
19 subsection, the school-based health center must notify the
20 primary care provider of the enrollee's complaint, related
21 history, examination, initial diagnosis and course of treatment.
22 If the school-based health center fails to provide the notice
23 required by this subsection, the insurer is not obligated to
24 provide payment for services and the enrollee is not liable to
25 the school-based health center for any unpaid fees.

26 4. Reimbursement amount. An insurer that provides coverage
27 required under this section shall reimburse a school-based health
28 center at the usual, customary and reasonable fee for a covered
29 service.

30 5. Limits; coinsurance; deductibles. Any contract that
31 provides coverage for the services required under this section
32 may contain provisions for maximum benefits and coinsurance and
33 reasonable limitations, deductibles and exclusions to the extent
34 that these provisions are not inconsistent with the requirements
35 of this section.

36 Sec. 5. 24-A MRSA §4249 is enacted to read:

37 §4249. Coverage for services provided in school-based
38 health centers

39 1. Definitions. As used in this section, unless the
40 context indicates otherwise, the following terms have the
41 following meanings.

42 A. "Enrollee" means a student in an elementary, middle or
43 secondary school who is enrolled in an individual or group
44 health plan provided by a health maintenance organization.

2 B. "School-based health center" is a facility located in a
4 school building or on school grounds in this State that
 provides comprehensive primary health care services,
6 including, but not limited to, health screening, referral,
 health education and counseling, medical diagnosis and
 treatment and mental health services.

8
 2. Coverage for school-based health centers. A health
10 maintenance organization that issues individual and group health
 care contracts shall provide coverage under those contracts for
12 services performed in a school-based health center when those
 services are covered services and within the lawful scope of
14 practice of a health care professional who is employed by or
 contracted to a school-based health center.

16
 3. Reimbursement for self-referred services. With respect
18 to individual and group health care contracts that require the
 selection of a primary care provider, a health maintenance
20 organization shall provide coverage and payment under those
 contracts for covered services provided in a school-based health
22 center without requiring prior approval from a primary care
 provider as a condition of reimbursement. Within 3 business days
24 after an enrollee's visit to a school-based health center in
 accordance with this subsection, the school-based health center
26 must notify the primary care provider of the enrollee's
 complaint, related history, examination, initial diagnosis and
28 course of treatment. If the school-based health center fails to
 provide the notice required by this subsection, the health
30 maintenance organization is not obligated to provide payment for
 services and the enrollee is not liable to the school-based
32 health center for any unpaid fees.

34 4. Reimbursement amount. A health maintenance organization
 that provides coverage required under this section shall
36 reimburse a school-based health center at the usual, customary
 and reasonable fee for a covered service.

38
 5. Limits; coinsurance; deductibles. Any contract that
40 provides coverage for the services required under this section
 may contain provisions for maximum benefits and coinsurance and
42 reasonable limitations, deductibles and exclusions to the extent
 that these provisions are not inconsistent with the requirements
44 of this section.

46 Sec. 6. Development of standards and guidelines for school-based
 health centers. The Department of Human Services, Bureau of
48 Health, Division of Community and Family Health shall convene an
 advisory group with members representing school-based health
50 centers, the Department

2 of Education, school personnel, the Medicaid program and health
3 insurers. The advisory group shall develop standards and
4 guidelines for school-based health centers operating in the State
5 and a certification process for school-based health centers based
6 on those standards and guidelines. No later than December 31,
7 2001, the advisory group shall submit a report, along with its
8 recommendations and any necessary implementing legislation, to
9 the Joint Standing Committee on Health and Human Services. The
10 advisory group shall consult with Office of Policy and Legal
11 Analysis staff when drafting legislation to implement the
12 advisory group's recommendations. The Joint Standing Committee
13 on Health and Human Services may introduce a bill to implement
14 the advisory group's recommendations in the Second Regular
15 Session of the 120th Legislature.

16 **Sec. 7. Application.** Sections 2, 3, 4 and 5 of this Act apply
17 to all policies, contracts and certificates executed, delivered,
18 issued for delivery, continued or renewed on or after January 1,
19 2002. All policies, contracts and certificates are deemed to be
20 renewed no later than the next yearly anniversary of the contract
21 date.

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SUMMARY

24
25 This bill implements the recommendations of the Joint
26 Select Committee on School-based Health Care Services. The bill
27 does the following.

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29 1. It requires the Department of Human Services to provide
30 the state match for federal revenues under the Medicaid program
31 for services provided in school-based health centers.

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33 2. It requires the Department of Human Services to adopt
34 rules allowing school-based health centers to become eligible for
35 reimbursement for case management services to Medicaid-eligible
36 children.

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38 3. It requires health carriers to provide coverage for
39 services provided in school-based health centers if the services
40 would be covered under the policy in another setting. The bill
41 also requires coverage for services under managed care plans
42 without requiring prior approval from a primary care provider but
43 requires school-based health centers to notify the primary care
44 provider within 3 business days after the services are provided.

45

46 4. It requires the Department of Human Services, Bureau of
47 Health, Division of Community and Family Health to convene an
48 advisory group to develop standards and guidelines for
49 school-based health centers and a certification process for
50

2 school-based health centers. The advisory group shall submit its
report and any necessary implementing legislation to the Joint
4 Standing Committee on Health and Human Services. The Joint
Standing Committee on Health and Human Services has authority to
6 introduce a bill to the Second Regular Session of the 120th
Legislature.