



120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 812

S.P. 244

In Senate, February 15, 2001

An Act to Provide Insurance Parity for Substance Abuse Treatment.

Reference to the Committee on Banking and Insurance suggested and ordered printed.

Y/Sun

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator DAGGETT of Kennebec. Cosponsored by Senator MITCHELL of Penobscot and Representatives: BRANNIGAN of Portland, O'BRIEN of Augusta, O'NEIL of Saco.

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

Sec. 1. 24 MRSA §2329, sub-§3, as enacted by PL 1983, c. 527, §1, is amended to read:

3. Requirement. Every A nonprofit hospital or medical service organization which that issues individual and group
 health care contracts providing-coverage-for-hospital-care to residents of this State shall provide benefits as required in
 this section to any subscriber or other person covered under those contracts for the treatment of alcoholism and other drug
 dependency pursuant to a treatment plan.

14 Sec. 2. 24 MRSA §2329, sub-§4, as enacted by PL 1983, c. 527, §1, is repealed.

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Sec. 3. 24 MRSA §2329, sub-§4-A is enacted to read:

4-A. Parity coverage. An individual and group contract
 must provide, at a minimum, benefits for the treatment of alcoholism and other drug dependency, including benefits for
 residential treatment and outpatient care, under terms and conditions that are no less extensive than the benefits provided
 for medical treatment for physical illness. At the request of a nonprofit hospital or medical service organization, a provider of treatment for alcoholism or other drug dependency shall furnish data substantiating that the initial or continued treatment is medically necessary and appropriate pursuant to a treatment plan.

30 Sec. 4. 24 MRSA §2329, sub-§5, as amended by PL 1989, c. 490, §2, is repealed.

Sec. 5. 24 MRSA §2329, sub-§7, as enacted by PL 1983, c. 527, 34 §1, is amended to read:

7. Notice. At the time of delivery or renewal, the nonprofit hospital or medical service organization shall provide
 written notification to all individuals eligible for benefits under <u>individual and</u> group policies or contracts of these the
 alcoholism and drug dependency benefits <u>provided under this section</u>.

Sec. 6. 24 MRSA §2329, sub-§9, as enacted by PL 1983, c. 527, 44 §1, is amended to read:

9. Reports to superintendent. Every A nonprofit hospital or medical service organization subject to this section shall
report its experience for each calendar year beginning with 1984 to the superintendent not later than April 30th of the following
year. The report shall must be in a form prescribed by the

superintendent and shall include the amount of claims paid in
this State for the services required by this section and the total amount of claims paid in this State for <u>individual and</u>
group health care contracts, beth separated between according to those paid for inpatient and <u>or</u> outpatient services. The
superintendent shall compile this data for all nonprofit hospital or medical service organizations in an annual report.

Sec. 7. 24 MRSA §2329, sub-§10, as repealed and replaced by PL 10 1987, c. 480, §4, is amended to read:

The requirements of this 12 10. Application; expiration. section shall apply to all policies and any certificates or contracts executed, delivered, issued for delivery, continued or 14 renewed in this State on or after January 1, 1984. The 16 requirements of subsection 4-A apply to all policies and contracts executed, delivered, issued for delivery, continued or 18 renewed in this State on or after January 1, 2002. 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. 20

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Sec. 8. 24-A MRSA §2749-D is enacted to read:

24 §2749-D. Equitable health care for alcoholism and drug dependency treatment

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

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A."Outpatient care" means care rendered by a32state-licensed, approved or certified detoxification,
residential treatment or outpatient program or partial34hospitalization program on a periodic basis, including, but
not limited to, patient diagnosis, assessment and treatment;36individual, family and group counseling; and educational and
support services.38

B. "Residential treatment" means services at a facility
that provides care 24 hours daily to one or more patients, including, but not limited to, room and board; medical,
nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and
educational and support services, including a designated unit of a licensed health care facility providing any other services specified in this paragraph to patients with the illness of alcoholism or drug dependency.

C."Treatment plan" means a written plan initiated at the50time of admission, approved by a doctor of medicine, doctor

	of osteopathy or a licensed or registered alcohol and drug
2	abuse counselor employed by a certified or licensed
	substance abuse program, including, but not limited to, the
4	patient's medical, drug and alcoholism history; record of
6	<u>physical examination; diagnosis; assessment of physical capabilities; mental capacity; orders for medication, diet</u>
6	and special needs for the patient's health or safety and
8	treatment, including medical, psychiatric, psychological,
0	social services, individual, family and group counseling;
10	and educational, support and referral services.
± 0	and canadianaly support and respiral services
12	2. Requirement. An insurer that issues individual health
	care policies or contracts to residents of this State shall
14	provide benefits as required in this section to a person covered
	under those policies or contracts for the treatment of alcoholism
16	and other drug dependency pursuant to a treatment plan.
18	3. Parity coverage. An individual health care policy or
	contract must provide, at a minimum, benefits for the treatment
20	of alcoholism and other drug dependency, including benefits for
2.2	residential treatment and outpatient care, under terms and
22	conditions that are no less extensive than the benefits provided for medical treatment for physical illness. At the request of an
24	insurer, a provider of treatment for alcoholism or other drug
64	dependency shall furnish data substantiating that the initial or
26	continued treatment is medically necessary and appropriate
20	pursuant to a treatment plan.
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	4. Limits; coinsurance; deductibles. A health care policy
30	or contract that provides coverage for the services required by
	this section may contain provisions for maximum benefits and
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32	coinsurance and reasonable limitations, deductibles and
	exclusions to the extent that these provisions are not
32 34	
34	exclusions to the extent that these provisions are not inconsistent with the requirements of this section.
	exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the
34 36	exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to
34	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health
34 36 38	 <u>exclusions</u> to the extent that these provisions are not inconsistent with the requirements of this section. <u>5. Notice.</u> At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency
34 36	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health
34 36 38	 <u>exclusions</u> to the extent that these provisions are not inconsistent with the requirements of this section. <u>5. Notice.</u> At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency
34 36 38 40	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency benefits provided under this section.
34 36 38 40	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency benefits provided under this section. 6. Confidentiality. The confidentiality of alcoholism and
34 36 38 40 42	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency benefits provided under this section. 6. Confidentiality. The confidentiality of alcoholism and drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year
34 36 38 40 42	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency benefits provided under this section. 6. Confidentiality. The confidentiality of alcoholism and drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, an insurer subject to this section shall report its
34 36 38 40 42 44 46	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency benefits provided under this section. 6. Confidentiality. The confidentiality of alcoholism and drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, an insurer subject to this section shall report its experience for each calendar year to the superintendent not later
34 36 38 40 42 44	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency benefits provided under this section. 6. Confidentiality. The confidentiality of alcoholism and drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, an insurer subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a
34 36 38 40 42 44 46	 exclusions to the extent that these provisions are not inconsistent with the requirements of this section. 5. Notice. At the time of delivery or renewal, the individual health insurer shall provide written notification to all individuals eligible for benefits under individual health care policies or contracts of the alcoholism and drug dependency benefits provided under this section. 6. Confidentiality. The confidentiality of alcoholism and drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, an insurer subject to this section shall report its experience for each calendar year to the superintendent not later

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to those paid for inpatient or outpatient services. The 4 superintendent shall compile this data for all insurers in an annual report. 6 8. Application. The requirements of this section apply to 8 policies, certificates or contracts executed, delivered, issued for delivery, continued or renewed in this State on or after 10 January 1, 2002. For purposes of this section, a contract is deemed to be renewed no later than the next yearly anniversary of the contract date. 12 14 Sec. 9. 24-A MRSA §2842, sub-§3, as enacted by PL 1983, c. 527, $\S2$, is amended to read: 16 3. Requirement. Every An insurer which that issues group 18 health care contracts providing-coverage-for-hospital-care to residents of this State shall provide benefits as required in this section to any-subscriber-or-other a person covered under 20 those contracts for the treatment of alcoholism and other drug 22 dependency pursuant to a treatment plan. Sec. 10. 24-A MRSA §2842. sub-§4. as enacted by PL 1983, c. 24 527, \S 2, is repealed. 26 Sec. 11. 24-A MRSA §2842, sub-§4-A is enacted to read: 28 4-A. Parity coverage. A group health care contract must 30 provide, at a minimum, benefits for the treatment of alcoholism and other drug dependency, including benefits for residential treatment and outpatient care, under terms and conditions that 32 are no less extensive than the benefits provided for medical 34 treatment for physical illness. At the request of an insurer, a provider of treatment for alcoholism or other drug dependency shall furnish data substantiating that the initial or continued 36 treatment is medically necessary and appropriate pursuant to a 38 treatment plan. 40 Sec. 12. 24-A MRSA §2842, sub-§5, as amended by PL 1989, c. 490, $\S3$, is repealed. 42 Sec. 13. 24-A MRSA §2842, sub-§10, as repealed and replaced by 44 PL 1987, c. 480, $\S5$, is amended to read:

section and the total amount of claims paid in this State for

individual health care policies or contracts, separated according

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46 10. Application; expiration. The requirements of this section shall apply to all policies and any certificates or
 48 contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 1984. The
 50 requirements of subsection 4-A apply to all policies and

contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2002. For purposes 2 of this section, all contracts shall-be are deemed to be renewed 4 no later than the next yearly anniversary of the contract date. Sec. 14. 24-A MRSA §4249 is enacted to read: б 8 §4249. Equitable health care for alcoholism and drug dependency treatment 10 1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the 12 following meanings. 14 "Outpatient care" means care rendered by a Α. state-licensed, approved or certified detoxification, 16 residential treatment or outpatient program or partial 18 hospitalization program on a periodic basis, including, but not limited to, patient diagnosis, assessment and treatment; 20 individual, family and group counseling; and educational and support services. 22 B. "Residential treatment" means services at a facility 24 that provides care 24 hours daily to one or more patients, including, but not limited to, room and board; medical, nursing and dietary services; patient diagnosis, assessment 26 and treatment; individual, family and group counseling; and 28 educational and support services, including a designated unit of a licensed health care facility providing any other services specified in this paragraph to patients with the 30 illness of alcoholism or drug dependency. 32 C. "Treatment plan" means a written plan initiated at the 34 time of admission, approved by a doctor of medicine, doctor of osteopathy or a licensed or registered alcohol and drug abuse counselor employed by a certified or licensed 36 substance abuse program, including, but not limited to, the patient's medical, drug and alcoholism history; record of 38 physical examination; diagnosis; assessment of physical 40 capabilities; mental capacity; orders for medication, diet and special needs for the patient's health or safety and 42 treatment, including medical, psychiatric, psychological, social services, individual, family and group counseling; and educational, support and referral services. 44 46 2. Requirement. A health maintenance organization that issues individual and group health care policies or contracts to residents of this State shall provide benefits as required in 48 this section to a person covered under those policies or 50 contracts for the treatment of alcoholism and other drug dependency pursuant to a treatment plan.

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2	3. Parity coverage. An individual and group health care
	policy or contract must provide, at a minimum, benefits for the
4	treatment of alcoholism and other drug dependency, including
_	benefits for residential treatment and outpatient care, under
б	terms and conditions that are no less extensive than the benefits
	provided for medical treatment for physical illness. At the
8	request of a health maintenance organization, a provider of
	treatment for alcoholism or other drug dependency shall furnish
10	data substantiating that the initial or continued treatment is
	medically necessary and appropriate pursuant to a treatment plan.
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	 Limits; coinsurance; deductibles. A health care policy
14	or contract that provides coverage for the services required by
	this section may contain provisions for maximum benefits and
16	coinsurance and reasonable limitations, deductibles and
	exclusions to the extent that these provisions are not
18	inconsistent with the requirements of this section.
20	5. Notice. At the time of delivery or renewal, the health
	maintenance organization shall provide written notification to
22	all individuals eligible for benefits under individual and group
	health care policies or contracts of the alcoholism and drug
24	dependency benefits provided under this section.
26	6. Confidentiality. The confidentiality of alcoholism and
	6. Confidentiality. The confidentiality of alcoholism and drug treatment patient records must be protected.
26 28	drug treatment patient records must be protected.
28	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year
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28 30	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the
28	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year.
28 30 32	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and
28 30	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services
28 30 32 34	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in
28 30 32	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or
28 30 32 34 36	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in
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28 30 32 34 36 38	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or
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28 30 32 34 36 38 40	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or outpatient services. The superintendent shall compile this data for all insurers in an annual report. 8. Application. The requirements of this section apply to
28 30 32 34 36 38	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or outpatient services. The superintendent shall compile this data for all insurers in an annual report. 8. Application. The requirements of this section apply to policies, certificates or contracts executed, delivered, issued
28 30 32 34 36 38 40 42	 drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or outpatient services. The superintendent shall compile this data for all insurers in an annual report. 8. Application. The requirements of this section apply to policies, certificates or contracts executed, delivered, issued for delivery, continued or renewed in this State on or after
28 30 32 34 36 38 40	 drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or outpatient services. The superintendent shall compile this data for all insurers in an annual report. 8. Application. The requirements of this section apply to policies, certificates or contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2002. For purposes of this section, a contract is
28 30 32 34 36 38 40 42 44	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or outpatient services. The superintendent shall compile this data for all insurers in an annual report. 8. Application. The requirements of this section apply to policies, certificates or contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2002. For purposes of this section, a contract is deemed to be renewed no later than the next yearly anniversary of
28 30 32 34 36 38 40 42	 drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or outpatient services. The superintendent shall compile this data for all insurers in an annual report. 8. Application. The requirements of this section apply to policies, certificates or contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2002. For purposes of this section, a contract is
28 30 32 34 36 38 40 42 44	drug treatment patient records must be protected. 7. Reports to superintendent. Beginning with the year 2002, a health maintenance organization subject to this section shall report its experience for each calendar year to the superintendent not later than April 30th of the following year. The report must be in a form prescribed by the superintendent and include the amount of claims paid in this State for the services required by this section and the total amount of claims paid in this State for individual and group health care policies or contracts, separated according to those paid for inpatient or outpatient services. The superintendent shall compile this data for all insurers in an annual report. 8. Application. The requirements of this section apply to policies, certificates or contracts executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2002. For purposes of this section, a contract is deemed to be renewed no later than the next yearly anniversary of

SUMMARY

This bill requires that all individual and group health 4 insurance policies or contracts provide coverage for substance abuse treatment under the same terms and conditions as coverage 6 for physical conditions and illnesses. The bill applies to all policies and contracts issued or renewed on or after January 1, 8 2002.

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