

MAINE STATE LEGISLATURE

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DATE: 4/1/02

(Filing No. H-1051)

BANKING AND INSURANCE

MAJORITY

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
120TH LEGISLATURE
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 1205, L.D. 1627, Bill, "An Act to Ensure Equality in Mental Health Coverage"

Amend the bill by striking out the title and substituting the following:

'An Act to Expand the Providers of Mental Health Services'

Further amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

'Sec. 1. 24 MRSA §2325-A, sub-§3, ¶D, as enacted by PL 1983, c. 515, §4, is amended to read:

D. "Person suffering from a mental ~~or nervous condition~~ illness" means a person whose psychobiological processes are impaired severely enough to manifest problems in the areas of social, psychological or biological functioning. Such a person has a disorder of thought, mood, perception, orientation or memory which that impairs judgment, behavior, capacity to recognize or ability to cope with the ordinary demands of life. The person manifests an impaired capacity to maintain acceptable levels of functioning in the areas of intellect, emotion or physical well-being.

Sec. 2. 24 MRSA §2325-A, sub-§3, ¶F is enacted to read:

F. "Residential treatment services" means services at a facility that provides care 24 hours daily to one or more patients, including, but not limited to, the following

2 services; room and board; medical, nursing and dietary
3 services; patient diagnosis, assessment and treatment;
4 individual, family and group counseling; and educational and
5 support services, including a designated unit of a licensed
6 health care facility providing any other services specified
7 in this paragraph to a person suffering from a mental
8 illness.

9
10 **Sec. 3. 24 MRSA §2325-A, sub-§§4 and 5**, as enacted by PL 1983,
11 c. 515, §4, are amended to read:

12 **4. Requirement.** Every nonprofit hospital ~~or~~ and medical
13 service organization which that issues group health care
14 contracts providing coverage ~~for hospital care~~ to residents of
15 this State shall provide benefits as required in this section to
16 any subscriber or other person covered under those contracts for
17 conditions arising from mental illness.

18 **5. Services.** Each group contract shall must provide, at a
19 minimum, for the following benefits for a person suffering from a
20 mental ~~or nervous condition~~ illness:

21 A. Inpatient care;

22 B. Day treatment services; and

23 C. Outpatient services; and

24 D. Residential treatment services not to exceed a total of
25 30 days in duration per contract year.

26
27 **Sec. 4. 24 MRSA §2325-A, sub-§5-C, ¶A**, as amended by PL 1995,
28 c. 637, §1, is further amended to read:

29 A. All group contracts must provide, at a minimum, benefits
30 according to paragraph B, subparagraph (1) for a person
31 receiving medical or psychiatric treatment for any of the
32 following mental illnesses diagnosed by a licensed
33 allopathic or osteopathic physician ~~or~~ a licensed
34 psychologist who is trained and has received a doctorate in
35 psychology specializing in the evaluation and treatment of
36 ~~human-behavior~~ mental illness:

37 (1) Schizophrenia;

38 (2) Bipolar disorder;

39 (3) Pervasive developmental disorder, or autism;

40 (4) Paranoia;

- 2 (5) Panic disorder;
- 4 (6) Obsessive-compulsive disorder; or
- 6 (7) Major depressive disorder.

8 **Sec. 5. 24 MRSA §2325-A, sub-§5-C, ¶B**, as repealed and
replaced by PL 1995, c. 625, Pt. B, §6 and affected by §7, is
10 amended to read:

12 B. All policies, contracts and certificates executed,
delivered, issued for delivery, continued or renewed in this
14 State ~~on or after July 1, 1996~~ must provide benefits that
meet the requirements of this paragraph. For purposes of
16 this paragraph, all contracts are deemed renewed no later
than the next yearly anniversary of the contract date.

18 (1) The contracts must provide benefits for the
20 treatment and diagnosis of mental illnesses under terms
and conditions that are no less extensive than the
22 benefits provided for medical treatment for physical
illnesses.

24 (2) At the request of a nonprofit hospital ~~or~~ and
26 medical service organization, a provider of medical or
psychiatric treatment for mental illness shall furnish
28 data substantiating that initial or continued treatment
is medically or psychiatrically necessary and
30 appropriate. When making the determination of whether
treatment is medically or psychiatrically necessary and
32 appropriate, the provider shall use the same criteria
for medical or psychiatric treatment for mental illness
34 as for medical treatment for physical illness under the
group contract.

36 **Sec. 6. 24 MRSA §2325-A, sub-§5-D**, as amended by PL 1995, c.
38 637, §2, is further amended to read:

40 **5-D. Mandated offer of coverage for certain mental**
illnesses. Except as otherwise provided, coverage for medical or
42 psychiatric treatment for mental illnesses listed in paragraph A
by all individual and group nonprofit hospital and medical
44 services service organization health care plan contracts is
subject to this subsection.

46 A. All individual and group contracts must make available
48 coverage providing, at a minimum, benefits according to
paragraph B, subparagraph (1) for a person receiving medical
50 or psychiatric treatment for any of the following mental

illnesses diagnosed by a licensed allopathic or osteopathic physician ~~or~~ a licensed psychologist who is trained and has received a doctorate in psychology specializing in the evaluation and treatment of ~~human-behavior~~ mental illness:

- (1) Schizophrenia;
- (2) Bipolar disorder;
- (3) Pervasive developmental disorder, or autism;
- (4) Paranoia;
- (5) Panic disorder;
- (6) Obsessive-compulsive disorder; or
- (7) Major depressive disorder.

B. Every nonprofit hospital and medical ~~services~~ service organization and nonprofit health care plan must make available coverage in all individual and group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on-or-after~~ July 1, 1996 that provides benefits meeting the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed renewed no later than the next yearly anniversary of the contract date.

(1) The offer of coverage must provide benefits for the treatment and diagnosis of mental illnesses under terms and conditions that are no less extensive than the benefits provided for medical treatment for physical illnesses.

(2) At the request of a nonprofit hospital ~~or~~ and medical service organization, a provider of medical or psychiatric treatment for mental illness shall furnish data substantiating that initial or continued treatment is medically or psychiatrically necessary and appropriate. When making the determination of whether treatment is medically or psychiatrically necessary and appropriate, the provider shall use the same criteria for medical or psychiatric treatment for mental illness as for medical treatment for physical illness under the individual or group contract.

This subsection may not be construed to allow coverage and benefits for the treatment of alcoholism or other drug dependencies through the diagnosis of a mental illness listed in paragraph A.

Sec. 7. 24 MRSA §2325-A, sub-§6, as enacted by PL 1983, c. 515, §4, is amended to read:

6. **Contracts; providers.** Subject to the approval by the Superintendent of Insurance pursuant to section 2305, a nonprofit hospital or and medical service organization incorporated under this chapter shall offer contracts to providers, including those providers listed in Title 24-A, sections 2744 and 2835, authorizing the provision of mental health services within the scope of the provider's licensure.

Sec. 8. 24-A MRSA §2744, as amended by PL 1995, c. 561, §2, is further amended to read:

§2744. Mental health services

1. Notwithstanding any provision of a health insurance policy subject to this chapter, whenever the policy provides for payment or reimbursement for services which that are within the lawful scope of practice of a licensed psychologist ~~licensed to practice in this State,~~ a certified licensed clinical social worker ~~licensed for the independent practice of social work in this State who has at least a masters degree in social work from an accredited educational institution, has been employed in social work for at least 2 years, and who, after January 1, 1985, must be licensed as a clinical social worker in this State,~~ a licensed clinical professional counselor or a licensed nurse who is certified by the American Nurses' Association as a clinical specialist in adult psychiatric and mental health nursing or as a clinical specialist in child and adolescent psychiatric and mental health nursing, any person covered by the policy shall be ~~is~~ entitled to reimbursement for these services if the services are performed by a physician, a licensed psychologist ~~licensed to practice in this State,~~ a certified licensed clinical social worker ~~licensed for the independent practice of social work who has at least a masters degree in social work from an accredited educational institution, who has been employed in social work for at least 2 years, and who, after January 1, 1985, must be licensed as a clinical social worker in this State,~~ a licensed clinical professional counselor or a licensed nurse certified by the American Nurses' Association as a clinical specialist in adult or child and adolescent psychiatric and mental health nursing. ~~With respect to services provided by physicians or psychologists, this section applies to all health insurance policies, contracts or certificates issued, renewed, modified,~~

2 altered, ~~amended or reissued on or after July 1, 1975.~~ Payment
or reimbursement for services rendered by licensed clinical
4 social workers ~~licensed in this State shall,~~ licensed clinical
professional counselors or licensed nurses certified by the
6 American Nurses' Association as clinical specialists in adult or
8 child and adolescent psychiatric and mental health nursing may
not be conditioned upon prior diagnosis or referral by a
physician or other health care professional, except in cases
where diagnosis of the condition for which the services are
10 rendered is beyond the scope of their licensure.

12 2. ~~Nothing in subsection~~ Subsection 1 may not be construed
to require a health insurance policy subject to this chapter to
14 provide for reimbursement of services which that are within the
lawful scope of practice of a licensed psychologist ~~licensed to~~
16 ~~practice in this State,~~ a licensed clinical social worker
~~licensed in this State, a certified social worker licensed to~~
18 ~~practice in this State,~~ a licensed clinical professional
counselor or a certified licensed nurse ~~licensed to practice in~~
20 ~~this State~~ certified by the American Nurses' Association as a
clinical specialist in adult or child and adolescent psychiatric
22 and mental health nursing.

24 ~~3. Mental health services provided by counseling~~
~~professionals. An insurer that issues individual health care~~
26 ~~contracts providing coverage for mental health services shall~~
~~offer coverage for those services when performed by a counseling~~
28 ~~professional who is licensed by the State pursuant to Title 32,~~
~~chapter 119 to assess and treat interpersonal and intrapersonal~~
30 ~~problems, has at least a masters degree in counseling or a~~
~~related field from an accredited educational institution and has~~
32 ~~been employed as a counselor for at least 2 years. Any contract~~
~~providing coverage for the services of counseling professionals~~
34 ~~pursuant to this section may be subject to any reasonable~~
~~limitations, maximum benefits, coinsurance, deductibles or~~
36 ~~exclusion provisions applicable to overall benefits under the~~
~~contract. This subsection applies to all contracts executed,~~
38 ~~delivered, issued for delivery, continued or renewed in this~~
~~State on or after January 1, 1997. For purposes of this~~
40 ~~subsection, all contracts are deemed renewed no later than the~~
~~next yearly anniversary of the contract date.~~

42 **Sec. 9. 24-A MRSA §2749-C, sub-§1,** as amended by PL 1995, c.
44 637, §3, is further amended to read:

46 1. **Coverage for treatment for certain mental illnesses.**
Coverage for medical or psychiatric treatment for mental
48 illnesses listed in paragraph A by all individual policies is
subject to this section.

50

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2 A. All individual policies must make available coverage
3 providing, at a minimum, benefits according to paragraph B,
4 subparagraph (1) for a person receiving medical or
5 psychiatric treatment for any of the following mental
6 illnesses diagnosed by a licensed allopathic or osteopathic
7 physician ~~or~~, a licensed psychologist who is trained and has
8 received a doctorate in psychology specializing in the
evaluation and treatment of ~~human-behavior~~ mental illness:

- 10 (1) Schizophrenia;
- 12 (2) Bipolar disorder;
- 14 (3) Pervasive developmental disorder, or autism;
- 16 (4) Paranoia;
- 18 (5) Panic disorder;
- 20 (6) Obsessive-compulsive disorder; or
- 22 (7) Major depressive disorder.

24 B. All individual policies and contracts executed,
25 delivered, issued for delivery, continued or renewed in this
26 State ~~on or after July 1, 1996~~ must make available coverage
27 providing benefits that meet the requirements of this
28 paragraph. For purposes of this paragraph, all contracts
29 are deemed renewed no later than the next yearly anniversary
30 of the contract date.

32 (1) The offer of coverage must provide benefits for
33 the treatment and diagnosis of mental illnesses under
34 terms and conditions that are no less extensive than
35 the benefits provided for medical treatment for
36 physical illnesses.

38 (2) At the request of a reimbursing insurer, a
39 provider of medical or psychiatric treatment for mental
40 illness shall furnish data substantiating that initial
41 or continued treatment is medically or psychiatrically
42 necessary and appropriate. When making the
43 determination of whether treatment is medically or
44 psychiatrically necessary and appropriate, the provider
45 shall use the same criteria for medical or psychiatric
46 treatment for mental illness as for medical treatment
47 for physical illness under the individual policy.

48

2 This subsection may not be construed to allow coverage and
benefits for the treatment of alcoholism or other drug
4 dependencies through the diagnosis of a mental illness listed in
paragraph A.

6 **Sec. 10. 24-A MRSA §2749-C, sub-§2**, as enacted by PL 1995, c.
407, §5, is amended to read:

8 **2. Contracts; providers.** ~~Subject to approval by the~~
10 ~~superintendent pursuant to section 2305, an~~ An insurer
incorporated under this chapter shall offer contracts to
12 providers, including those providers listed in section 2744,
subsection 1, authorizing the provision of mental health services
14 within the scope of the provider's licensure.

16 **Sec. 11. 24-A MRSA §2835**, as amended by PL 1995, c. 561, §3,
is further amended to read:

18 **§2835. Mental health services**

20 **1.** Notwithstanding any provision of a health insurance
22 policy subject to this chapter, whenever the policy provides for
payment or reimbursement for services which that are within the
24 lawful scope of practice of a licensed psychologist ~~licensed to~~
~~practice in this State,~~ a certified licensed clinical social
26 ~~worker licensed for the independent practice of social work in~~
~~this State who has at least a masters degree in social work from~~
28 ~~an accredited educational institution, has been employed in~~
~~social work for at least 2 years, and who, after January 1, 1985,~~
30 ~~must be licensed as a clinical social worker in this State,~~ a
licensed clinical professional counselor or a licensed nurse who
32 is certified by the American Nurses' Association as a clinical
specialist in adult psychiatric and mental health nursing or as a
34 clinical specialist in child and adolescent psychiatric and
mental health nursing, any person covered by the policy shall ~~be~~
36 is entitled to reimbursement for these services if the services
are performed by a physician, a licensed psychologist ~~licensed to~~
38 ~~practice in this State,~~ certified a licensed clinical social
worker ~~licensed for independent practice in this State who has at~~
40 ~~least a masters degree in social work from an accredited~~
~~educational institution, who has been employed in social work for~~
42 ~~at least 2 years, and who, after January 1, 1985, must be~~
~~licensed as a clinical social worker in this State,~~ a licensed
44 clinical professional counselor or a licensed nurse certified by
the American Nurses' Association as a clinical specialist in
46 adult or child and adolescent psychiatric and mental health
nursing. ~~With respect to services provided by physicians or~~
48 ~~psychologists, this section applies to all health insurance~~
~~policies, contracts or certificates issued, renewed, modified,~~
50 ~~altered, amended or reissued on or after April 16, 1976.~~ Payment

1 or reimbursement for services rendered by licensed clinical
2 social workers ~~licensed in this State shall~~, licensed clinical
3 professional counselors or licensed nurses certified by the
4 American Nurses' Association as clinical specialists in adult or
5 child and adolescent psychiatric and mental health nursing may
6 not be conditioned upon prior diagnosis or referral by a
7 physician or other health care professional, except in cases
8 where diagnosis of the condition for which the services are
9 rendered is beyond the scope of their licensure.

10
11 2. ~~Nothing in subsection~~ Subsection 1 may not be construed
12 to require a health insurance policy subject to this chapter to
13 provide for reimbursement of services which that are within the
14 lawful scope of practice of a licensed psychologist ~~licensed to~~
15 ~~practice in this State~~, a licensed clinical social worker
16 ~~licensed in this State~~, a certified licensed clinical social
17 worker ~~licensed to practice in this State~~, or a licensed nurse
18 certified and licensed to practice in this State by the American
19 Nurses' Association as clinical specialists in adult or child and
20 adolescent psychiatric and mental health nursing.

21 3. ~~Mental health services provided by counseling~~
22 ~~professionals. An insurer that issues group health care~~
23 ~~contracts providing coverage for mental health services shall~~
24 ~~make available coverage for those services when performed by a~~
25 ~~counseling professional who is licensed by the State pursuant to~~
26 ~~Title 32, chapter 119 to assess and treat interpersonal and~~
27 ~~intrapersonal problems, has at least a masters degree in~~
28 ~~counseling or a related field from an accredited educational~~
29 ~~institution and has been employed as a counselor for at least 2~~
30 ~~years. Any contract providing coverage for the services of~~
31 ~~counseling professionals pursuant to this section may be subject~~
32 ~~to any reasonable limitations, maximum benefits, coinsurance,~~
33 ~~deductibles or exclusion provisions applicable to overall~~
34 ~~benefits under the contract. This subsection applies to all~~
35 ~~contracts executed, delivered, issued for delivery, continued or~~
36 ~~renewed in this State on or after January 1, 1997. For purposes~~
37 ~~of this subsection, all contracts are deemed renewed no later~~
38 ~~than the next yearly anniversary of the contract date.~~

39
40 **Sec. 12. 24-A MRSA §2843, sub-§3, ¶D**, as enacted by PL 1983,
41 c. 515, §6, is amended to read:

42
43 D. "Person suffering from a mental ~~or nervous condition~~
44 illness" means a person whose psychobiological processes are
45 impaired severely enough to manifest problems in the areas
46 of social, psychological or biological functioning. Such a
47 person has a disorder of thought, mood, perception,
48 orientation or memory which that impairs judgment, behavior,
49 capacity to recognize or ability to cope with the ordinary
50

demands of life. The person manifests an impaired capacity to maintain acceptable levels of functioning in the areas of intellect, emotion or physical well-being.

Sec. 13. 24-A MRSA §2843, sub-§3, ¶F is enacted to read:

F. "Residential treatment services" means services at a facility that provides care 24 hours daily to one or more patients, including, but not limited to, the following services: 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 a person suffering from a mental illness.

Sec. 14. 24-A MRSA §2843, sub-§§4 and 5, as enacted by PL 1983, c. 515, §6, are amended to read:

4. Requirement. Every insurer which that issues 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 conditions arising from mental illness.

5. Services. Each group contract ~~shall~~ must provide, at a minimum, for the following benefits for a person suffering from a mental ~~or-nervous-condition~~ illness:

A. Inpatient care;

B. Day treatment services; and

C. Outpatient services; and

D. Residential treatment services not to exceed a total of 30 days in duration per contract year.

Sec. 15. 24-A MRSA §2843, sub-§5-C, as amended by PL 1995, c. 625, Pt. B, §8 and affected by §9 and amended by c. 637, §4, is further amended to read:

5-C. Coverage for treatment for certain mental illness. Coverage for medical or psychiatric treatment for mental illnesses listed in paragraph A is subject to this subsection.

A. All group contracts must provide, at a minimum, benefits according to paragraph B, subparagraph (1) for a person receiving medical or psychiatric treatment for any of the following mental illnesses diagnosed by a licensed

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2 allopathic or osteopathic physician or, a licensed
psychologist who is trained and has received a doctorate in
4 psychology specializing in the evaluation and treatment of
~~human-behavior~~ mental illness:

- 6 (1) Schizophrenia;
- 8 (2) Bipolar disorder;
- 10 (3) Pervasive developmental disorder, or autism;
- 12 (4) Paranoia;
- 14 (5) Panic disorder;
- 16 (6) Obsessive-compulsive disorder; or
- 18 (7) Major depressive disorder.

20 B. All policies, contracts and certificates executed,
delivered, issued for delivery, continued or renewed in this
22 State ~~on-or-after-July-1,-1996~~ must provide benefits that
meet the requirements of this paragraph. For purposes of
24 this paragraph, all contracts are deemed renewed no later
than the next yearly anniversary of the contract date.

26 (1) The contracts must provide benefits for the
28 treatment and diagnosis of mental illnesses under terms
and conditions that are no less extensive than the
30 benefits provided for medical treatment for physical
illnesses.

32 (2) At the request of a ~~nonprofit hospital or medical~~
34 ~~service-organization~~ a reimbursing insurer, a provider
of medical or psychiatric treatment for mental illness
36 shall furnish data substantiating that initial or
continued treatment is medically or psychiatrically
38 necessary and appropriate. When making the
determination of whether treatment is medically or
40 psychiatrically necessary and appropriate, the provider
shall use the same criteria for medical or psychiatric
42 treatment for mental illness as for medical treatment
for physical illness under the group contract.

44 This subsection does not apply to policies, contracts and
46 certificates covering employees of employers with 20 or fewer
employees, whether the group policy is issued to the employer, to
48 an association, to a multiple-employer trust or to another entity.

This subsection may not be construed to allow coverage and benefits for the treatment of alcoholism or other drug dependencies through the diagnosis of a mental illness listed in paragraph A.

Sec. 16. 24-A MRSA §2843, sub-§5-D, as amended by PL 1995, c. 637, §5, is further amended to read:

5-D. Mandated offer of coverage for certain mental illnesses. Except as otherwise provided in subsection 5-C, coverage for medical or psychiatric treatment for mental illnesses listed in paragraph A by all group contracts is subject to this subsection.

A. All group contracts must make available coverage providing, at a minimum, benefits according to paragraph B, subparagraph (1) for a person receiving medical or psychiatric treatment for any of the following mental illnesses diagnosed by a licensed allopathic or osteopathic physician ~~or~~, a licensed psychologist who is trained and has received a doctorate in psychology specializing in the evaluation and treatment of human-behavior mental illness:

- (1) Schizophrenia;
- (2) Bipolar disorder;
- (3) Pervasive developmental disorder, or autism;
- (4) Paranoia;
- (5) Panic disorder;
- (6) Obsessive-compulsive disorder; or
- (7) Major depressive disorder.

B. All group policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after July 1, 1996~~ must make available coverage providing benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed renewed no later than the next yearly anniversary of the contract date.

- (1) The offer of coverage must provide benefits for the treatment and diagnosis of mental illnesses under terms and conditions that are no less extensive than

2 the benefits provided for medical treatment for
physical illnesses.

4 (2) At the request of a reimbursing insurer, a
6 provider of medical or psychiatric treatment for mental
8 illness shall furnish data substantiating that initial
10 or continued treatment is medically or psychiatrically
12 necessary and appropriate. When making the
14 determination of whether treatment is medically or
psychiatrically necessary and appropriate, the provider
shall use the same criteria for medical or psychiatric
treatment for mental illness as for medical treatment
for physical illness under the group contract.

16 This subsection may not be construed to allow coverage and
18 benefits for the treatment of alcoholism and other drug
dependencies through the diagnosis of a mental illness listed in
paragraph A.

20 **Sec. 17. 24-A MRSA §4234-A, sub-§3, ¶D**, as enacted by PL 1995,
22 c. 407, §10, is amended to read:

24 D. "Person suffering from a mental ~~or nervous condition~~
26 illness" means a person whose psychobiological processes are
impaired severely enough to manifest problems in the area of
social, psychological or biological functioning. Such a
person has a disorder of thought, mood, perception,
orientation or memory that impairs judgment, behavior,
capacity to recognize or ability to cope with the ordinary
demands of life. The person manifests an impaired capacity
to maintain acceptable levels of functioning in the area of
intellect, emotion or physical well-being.

34 **Sec. 18. 24-A MRSA §4234-A, sub-§3, ¶F** is enacted to read:

36 F. "Residential treatment services" means services at a
38 facility that provides care 24 hours daily to one or more
patients, including, but not limited to, the following
40 services: room and board; medical, nursing and dietary
services; patient diagnosis, assessment and treatment;
42 individual, family and group counseling; and educational and
support services, including a designated unit of a licensed
44 health care facility providing any other services specified
in this paragraph to a person suffering from a mental
illness.

46 **Sec. 19. 24-A MRSA §4234-A, sub-§§4 and 5**, as enacted by PL
48 1995, c. 407, §10, are amended to read:

4. **Requirement.** Every health maintenance organization that issues individual or 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 conditions arising from mental illness.

5. **Services.** Each individual or group contract must provide, at a minimum, the following benefits for a person suffering from a mental ~~or--nervous--condition~~ illness:

- A. Inpatient services;
- B. Day treatment services; and
- C. Outpatient services; and
- D. Residential treatment services not to exceed a total of 30 days in duration per contract year.

Sec. 20. 24-A MRSA §4234-A, sub-§6, as amended by PL 1995, c. 637, §6, is further amended to read:

6. **Coverage for treatment of certain mental illnesses.** Coverage for medical or psychiatric treatment for mental illnesses listed in paragraph A is subject to this subsection.

A. All group contracts must provide, at a minimum, benefits according to paragraph B, subparagraph (1) for a person receiving medical or psychiatric treatment for any of the following mental illnesses diagnosed by a licensed allopathic or osteopathic physician ~~or,~~ a licensed psychologist who is trained and has received a doctorate in psychology specializing in the evaluation and treatment of human-behavior mental illness:

- (1) Schizophrenia;
- (2) Bipolar disorder;
- (3) Pervasive developmental disorder, or autism;
- (4) Paranoia;
- (5) Panic disorder;
- (6) Obsessive-compulsive disorder; or
- (7) Major depressive disorder.

2 B. All policies, contracts and certificates executed,
delivered, issued for delivery, continued or renewed in this
4 State ~~on or after July 1, 1996~~ must provide benefits that
meet the requirements of this paragraph. For purposes of
6 this paragraph, all contracts are deemed renewed no later
than the next yearly anniversary of the contract date.

8 (1) The contracts must provide benefits for the
treatment and diagnosis of mental illnesses under terms
10 and conditions that are no less extensive than the
benefits provided for medical treatment for physical
12 illnesses.

14 (2) At the request of a reimbursing health maintenance
organization, a provider of medical or psychiatric
16 treatment for mental illness shall furnish data
substantiating that initial or continued treatment is
18 medically or psychiatrically necessary and
appropriate. When making the determination of whether
20 treatment is medically or psychiatrically necessary and
appropriate, the provider shall use the same criteria
22 for medical or psychiatric treatment for mental illness
as for medical treatment for physical illness under the
24 group contract.

26 This subsection does not apply to policies, contracts or
certificates covering employees of employers with 20 or fewer
28 employees, whether the group policy is issued to the employer, to
an association, to a multiple-employer trust or to another entity.

30 This subsection may not be construed to allow coverage and
benefits for the treatment of alcoholism and other drug
32 dependencies through the diagnosis of a mental illness listed in
paragraph A.
34

36 **Sec. 21. 24-A MRSA §4234-A, sub-§7, as amended by PL 1995, c.**
637, §7, is further amended to read:

38 **7. Mandated offer of coverage for certain mental**
illnesses. Except as provided in subsection 6, coverage for
40 medical or psychiatric treatment for mental illnesses listed in
paragraph A by all individual and group contracts is subject to
42 this subsection.

44 A. All individual and group contracts must make available
46 coverage providing, at a minimum, benefits according to
paragraph B, subparagraph (1) for a person receiving medical
48 or psychiatric treatment for any of the following mental
illnesses diagnosed by a licensed allopathic or osteopathic
50 physician ~~or~~ a licensed psychologist who is trained and has

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2 received a doctorate in psychology specializing in the
evaluation and treatment of human-behavior mental illness:

- 4 (1) Schizophrenia;
- 6 (2) Bipolar disorder;
- 8 (3) Pervasive developmental disorder, or autism;
- 10 (4) Paranoia;
- 12 (5) Panic disorder;
- 14 (6) Obsessive-compulsive disorder; or
- 16 (7) Major depressive disorder.

18 B. All individual and group policies, contracts and
certificates executed, delivered, issued for delivery,
20 continued or renewed in this State ~~on or after July 1, 1996~~
must make available coverage providing benefits that meet
22 the requirements of this paragraph. For purposes of this
paragraph, all contracts are deemed renewed no later than
24 the next yearly anniversary of the contract date.

26 (1) The offer of coverage must provide benefits for
the treatment and diagnosis of mental illnesses under
28 terms and conditions that are no less extensive than
the benefits provided for medical treatment for
30 physical illnesses.

32 (2) At the request of a reimbursing health maintenance
organization, a provider of medical or psychiatric
34 treatment for mental illness shall furnish data
substantiating that initial or continued treatment is
36 medically or psychiatrically necessary and
appropriate. When making the determination of whether
38 treatment is medically or psychiatrically necessary and
appropriate, the provider shall use the same criteria
40 for medical or psychiatric treatment for mental illness
as for medical treatment for physical illness under the
42 individual or group contract.

44 This subsection may not be construed to allow coverage and
benefits for the treatment of alcoholism and other drug
46 dependencies through the diagnosis of a mental illness listed in
paragraph A.

48

2 **Sec. 22. 24-A MRSA §4234-A, sub-§8**, as enacted by PL 1995, c. 407, §10, is amended to read:

4 **8. Contracts; providers.** Subject to approval by the
6 superintendent pursuant to section 4204, a health maintenance
8 organization incorporated under this chapter shall allow
10 providers, including those listed in subsection 8-A, section 2744, subsection 1 or section 2835, subsection 1, to contract,
12 subject to the health maintenance organization's credentialling
14 policy, for the provision of mental health services within the
16 scope of the provider's licensure.

18 **Sec. 23. 24-A MRSA §4234-A, sub-§8-A**, as enacted by PL 1997,
20 c. 174, §1, is amended to read:

22 **8-A. Mental health services provided by counseling
24 professionals.** A health maintenance organization that issues
26 individual or group health care contracts providing coverage for
28 mental health services shall ~~effex~~ provide coverage for those
30 services when performed by a ~~counseling--professional~~ licensed
32 clinical professional counselor who is licensed by the State
34 pursuant to Title 32, chapter 119 ~~to--assess--and--treat
interpersonal--and--intrapersonal--problems,--has--at--least--a--masters
degree--in--counseling--or--a--related--field--from--an--accredited
educational--institution--and--has--been--employed--as--counselor--for--at
least--2--years.~~ Any contract providing coverage for the services
of counseling professionals pursuant to this subsection may be
subject to any reasonable limitations, maximum benefits,
coinsurance, deductibles or exclusion provisions applicable to
overall benefits under the contract. ~~This--subsection--applies--to
all--contracts--executed,--delivered,--issued--for--delivery,--continued
or--renewed--in--this--State--on--or--after--January--1,--1998.---For
purposes--of--this--subsection,--all--contracts--are--deemed--renewed--no
later--than--the--next--yearly--anniversary--of--the--contract--date.~~

36 **Sec. 24. 24-A MRSA §4234-A, sub-§11**, as amended by PL 1995, c.
38 673, Pt. D, §8, is further amended to read:

40 **11. Application.** Except as otherwise provided, the
42 requirements of this section apply to all policies, contracts and
44 certificates executed, delivered, issued for delivery, continued
46 or renewed in this State ~~on--and--after--July--1,--1996.~~ Contracts
48 entered into with the State Government or the Federal Government
50 to service Medicaid or Medicare populations may limit the
services provided under such contracts consistent with the terms
of those contracts if mental health services are provided to
these populations by other means. For purposes of this section,
all contracts are deemed renewed no later than the next yearly
anniversary of the contract date.

2 **Sec. 25. Application.** The requirements of this Act apply to
all policies, contracts and certificates executed, delivered,
4 issued for delivery, continued or renewed in this State on or
after January 1, 2003. For purposes of this Act, all contracts
6 are deemed to be renewed no later than the next yearly
anniversary of the contract date.'

8 Further amend the bill by inserting at the end before the
summary the following:

10
12

FISCAL NOTE

The state employee health plan in the Department of
14 Administrative and Financial Services will incur some minor
additional cost in fiscal year 2002-03 as a result of the bill's
16 requirements to cover residential treatment services (not
exceeding 30 days) and licensed clinical professional counselors
18 for persons suffering from mental illness. These fiscal year
2002-03 costs can be absorbed within the department's existing
20 budgeted resources. Additional costs for the state employee
health plan in fiscal year 2003-04 are estimated to be \$94,128
22 and in fiscal year 2004-05, \$108,247.

24 The Department of Human Services and the Department of
Behavioral and Developmental Services are expected to realize
26 only minor savings as a result of the bill's increased mental
health coverage requirements for health plans.

28 The Bureau of Insurance in the Department of Professional
30 and Financial Regulation will incur some minor additional costs
to review the anticipated increase in filings as a result of the
32 bill. These costs can be absorbed within the department's
existing budgeted resources.'

34
36

SUMMARY

38 This amendment is the majority report. It changes the bill
title and replaces the bill. The amendment includes licensed
40 clinical professional counselors in the definition of providers
eligible to treat mental illness. The amendment also requires
42 that health insurance policies that cover mental illness include
coverage for residential treatment up to 30 days per contract
44 year. The amendment makes no change to the existing law
mandating "parity" for certain biologically-based mental
46 illnesses. The amendment provides that the bill's provisions
apply to policies, contracts and certificates issued or renewed
48 on or after January 1, 2003.

50 The amendment also adds a fiscal note to the bill.