

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 1627

H.P. 1205

House of Representatives, March 13, 2001

An Act to Ensure Equality in Mental Health Coverage.

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

Millicent M. MacFarland

MILLICENT M. MacFARLAND, Clerk

Presented by Representative DUDLEY of Portland.
Cosponsored by Senator DOUGLASS of Androscoggin and
Representatives: BROOKS of Winterport, CANAVAN of Waterville, KANE of Saco,
MARRACHE of Waterville, O'NEIL of Saco, Speaker SAXL of Portland, Senators:
BROMLEY of Cumberland, NUTTING of Androscoggin.

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

2
4 **Sec. 1. 24 MRSA §2325-A, sub-§1, ¶C**, as enacted by PL 1983, c. 515, §4, is repealed and the following enacted in its place:

6 C. Typical health coverage in this State continues to
8 discriminate against mental illness and those coping with
10 such illnesses despite repeated efforts to mandate equal
12 coverage. Discrimination takes the form of limiting or
denying coverage, with nonexistent or limited benefits
compared to provisions for other illnesses that are not
limited or denied; and

14 **Sec. 2. 24 MRSA §2325-A, sub-§2, ¶¶A and B**, as enacted by PL
16 1983, c. 515, §4, are amended to read:

18 A. Promote Require that every health benefit plan that is
20 offered, amended, delivered, continued, executed, issued for
22 delivery or renewed in this State provide coverage and
24 benefits for the coverage of mental illness and substance
26 abuse equal to or exceeding the coverage and benefits
28 available under health benefit plans for the diagnosis and
treatment of all other covered physical illnesses and to
ensure equitable and nondiscriminatory health coverage
benefits for all forms of illness, including mental and
emotional disorders, which are of significant consequence to
the health of Maine people and which can be treated in a
cost-effective manner;

30 B. Assure that victims of mental and other illnesses have
32 access to and choice of appropriate treatment at the
34 earliest point of illness in least restrictive settings,
36 including coverage for inpatient treatment, outpatient
38 treatment, day treatment, outpatient care, residential
treatment, home support services, crisis intervention and
resolution care, medication, maximum lifetime benefits,
copayments, coverage of home visits, individual and family
deductibles and coinsurance;

40 **Sec. 3. 24 MRSA §2325-A, sub-§3**, as amended by PL 1999, c.
42 256, Pt. O, §1, is repealed.

44 **Sec. 4. 24 MRSA §2325-A, sub-§3-A** is enacted to read:

46 3-A. Definitions. For purposes of this section, unless the
48 context otherwise indicates, the following terms have the
following meanings.

A. "Adult" means any person who is 18 years of age or older.

2 B. "Child" means any person under 18 years of age.

4 C. "Day treatment services" includes psychoeducational,
6 physiological, psychological and psychosocial concepts,
8 techniques and processes necessary to maintain or develop
 functional skills of clients, provided to individuals or
 groups for periods of more than 2 hours but less than 24
 hours per day.

10 D. "Health benefit plan" means:

12 (1) Policies, contracts or certificates for hospital
14 or medical benefits that are offered, renewed, amended,
16 executed, continued, delivered or issued for delivery
18 in this State to an employer or individual on an
 individual or group basis or on an individual or group
 subscription basis, and that provide coverage for
 residents of this State;

20 (2) Nonprofit hospital or medical service organization
22 indemnity plans;

24 (3) Health maintenance organization subscriber or
26 group master contracts;

28 (4) Preferred provider plans;

30 (5) Health benefit plans offered or administered by
 the State or by any subdivision or instrumentality of
 the State;

32 (6) Multiple-employer welfare arrangements or
34 associations located in this State or another state and
36 that cover residents of this State who are eligible
 employees; or

38 (7) Employer self-insured plans that are not exempt
40 pursuant to the federal Employee Retirement Income
 Security Act of 1974 provisions.

42 "Health benefit plan" does not include accident-only
44 insurance, fixed indemnity insurance, credit health
46 insurance, Medicare supplement policies, Civilian Health and
48 Medical Program of the Uniformed Services supplement
 policies, long-term care insurance, disability income
 insurance, workers' compensation or similar insurance,
 disease-specific insurance, automobile medical payment
 insurance, dental insurance or vision insurance.

50 E. "Home support services" means rehabilitative services,

2 treatment services and living skills services provided for a
3 person with a mental illness. "Home support services" may
4 be provided in a community setting or the person's current
5 place of residence, and are services that promote the
6 integration of the person into the community, sustain the
7 person in the person's current living situation or another
8 living situation of that person's choosing and enhance the
9 quality of the person's life. "Home support services" may be
10 provided directly to the person or indirectly through
11 collateral contact or by telephone contact or other means on
12 behalf of the person. "Home support services" includes, but
13 is not limited to:

- 14 (1) Case management services and assertive community
15 treatment services;
- 16 (2) Medication education and monitoring;
- 17 (3) Crisis intervention and resolution services and
18 follow-up services; and
- 19 (4) Individual, group and family counseling services.

20
21
22
23
24 F. "Inpatient services" includes, but is not limited to, a
25 range of physiological, psychological and other intervention
26 concepts, techniques and processes in a community mental
27 health psychiatric inpatient unit, general hospital
28 psychiatric unit or psychiatric hospital licensed by the
29 Department of Human Services or accredited public hospital
30 to restore psychosocial functioning sufficient to allow
31 maintenance and support of a person suffering from a mental
32 illness in a less restrictive setting.

33
34 G. "Inpatient treatment" means mental health or substance
35 abuse services delivered on a 24-hour per day basis in a
36 hospital, accredited public hospital, alcohol or drug
37 rehabilitation facility, intermediate care facility,
38 community mental health psychiatric inpatient unit, general
39 hospital psychiatric unit or psychiatric hospital licensed
40 by the Department of Human Services.

41
42 H. "Intermediate care facility" means a licensed,
43 residential public or private facility that is not a
44 hospital and that is operated primarily for the purpose of
45 providing a continuous, structured 24-hour per day,
46 state-approved program of inpatient substance abuse services.

47
48 I. "Mental health services" means treatment for mental
49 illnesses.

2 J. "Mental illness" is any mental or nervous condition that
4 affects a person by impairing the person's psychobiological
6 processes severely enough that the person manifests problems
8 in the areas of social, psychological or biological
10 functioning. A person with mental illness has a disorder of
12 thought, mood, perception, orientation or memory that
14 impairs judgment, behavior, capacity to recognize or ability
16 to cope with the ordinary demands of life. A person with
18 mental illness manifests an impaired capacity to maintain
20 acceptable levels of functioning in the areas of intellect,
22 emotion or physical well-being. "Mental illness" includes,
24 but is not limited to, any of the following illnesses for
26 which the diagnostic criteria are prescribed in the most
28 recent edition of the Diagnostic and Statistical Manual of
30 Mental Disorders, as periodically revised, as the illness
32 applies to adults and children:

- 34 (1) Psychotic disorders, including schizophrenia;
- 36 (2) Dissociative disorders;
- 38 (3) Mood disorders;
- 40 (4) Anxiety disorders;
- 42 (5) Personality disorders;
- 44 (6) Paraphilias;
- 46 (7) Attention-deficit and disruptive behavior
48 disorders;
- (8) Pervasive developmental disorders;
- (9) Tic disorders;
- (10) Eating disorders, including bulimia and anorexia;
 and
- (11) Substance abuse-related disorders.

42 K. "Outpatient care" means care rendered by a
44 state-licensed practitioner; state-licensed approved or
46 certified detoxification, residential treatment or
48 outpatient program; or partial hospitalization program on a
 periodic basis, including, but not limited to, patient
 diagnosis, assessment and treatment; individual, family and
 group counseling; and educational and support services.

2 L. "Outpatient services" includes, but is not limited to,
3 screening, evaluation, consultation, diagnosis and treatment
4 involving use of psychoeducational, physiological,
5 psychological and psychosocial evaluative and interventive
6 concepts, techniques and processes provided to individuals
7 and groups.

8
9
10 M. "Person suffering from a mental illness" means a person
11 whose psychobiological processes are impaired severely
12 enough to manifest problems in the areas of social,
13 psychological or biological functioning. Such a person has a
14 disorder of thought, mood, perception, orientation or memory
15 that impairs judgment, behavior, capacity to recognize or
16 ability to cope with the ordinary demands of life. A person
17 suffering from a mental illness manifests an impaired
18 capacity to maintain acceptable levels of functioning in the
19 areas of intellect, emotion or physical well-being.

20 N. "Preexisting condition" means a condition existing
21 during a specified period immediately preceding the
22 effective date of coverage that would have caused an
23 ordinary prudent person to seek medical advice, diagnosis,
24 care or treatment or a condition for which medical advice,
25 diagnosis, care or treatment was recommended or received
26 during a specified period immediately preceding the
27 effective date of coverage.

28
29 O. "Preexisting condition provision" means a provision in a
30 health benefit plan that denies, excludes or limits benefits
31 for an enrollee for expenses or services related to a
32 preexisting condition.

33
34 P. "Provider" means those individuals included in Title
35 24-A, section 2744, subsection 1, and a licensed physician,
36 an accredited public hospital or psychiatric hospital or a
37 community agency licensed at the comprehensive service level
38 by the Department of Mental Health, Mental Retardation and
39 Substance Abuse Services. All agency or institutional
40 providers named in this paragraph shall ensure that
41 services are supervised by a psychiatrist, licensed
42 psychologist or master's level clinician, licensed in this
43 State to practice at the independent level and who meets the
44 Department of Mental Health, Mental Retardation and
45 Substance Abuse Services standards for the provision of
46 supervision.

47
48 Q. "Residential treatment" means services at a facility
49 that provides care 24 hours daily to one or more patients,
50 including, but not limited to, the following services: room

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

8 R. "Treatment" means services, including diagnostic
9 evaluation; medical, psychiatric and psychological care; and
10 psychotherapy for mental illness rendered by a hospital,
11 alcohol or drug rehabilitation facility, intermediate care
12 facility, mental health treatment center or a professional,
13 pursuant to Title 24-A, section 2744, subsection 1, and
14 licensed in the State to diagnose and treat conditions
15 defined in the Diagnostic and Statistical Manual of Mental
16 Disorders, as periodically revised.

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

19 **4. Requirement.** Every nonprofit hospital or medical
20 service organization which that issues individual or group health
21 care contracts providing coverage for hospital care to residents
22 of this State shall provide benefits as required in this section
23 to any subscriber or other person covered under those contracts
24 for conditions arising from mental illness. The requirements of
25 this section apply to every health benefit plan that provides
26 coverage for a family member of the insured or the subscriber
27 that is offered, renewed, amended, executed, continued, delivered
28 or issued for delivery in this State to an employer or individual
29 on an individual or group basis.

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

- 33 A. Inpatient care treatment and services;
- 34 B. Day treatment services; and
- 35 C. Outpatient care, treatment and services;
- 36 D. Home support services; and
- 37 E. Residential treatment.

38 **Sec. 6. 24 MRSA §2325-A, sub-§5-A,** as amended by PL 1989, c.
39 490, §1, is repealed.

40 **Sec. 7. 24 MRSA §2325-A, sub-§5-C,** as amended by PL 1995, c.
41 637, §1, is further amended to read:

2 **5-C. Coverage for treatment for mental illnesses.** Coverage
for medical treatment for mental illnesses ~~listed in paragraph A~~
4 is subject to this subsection.

6 A. All individual or group contracts must provide, at a
minimum, benefits according to paragraph B, ~~subparagraph (1)~~
8 for a person receiving medical treatment for ~~any of the~~
~~following~~ mental illnesses illness diagnosed by a licensed
10 allopathic or osteopathic physician, a person included in
Title 24-A, section 2744, subsection 1 or a licensed
12 psychologist who is trained and has received a doctorate in
psychology specializing in the evaluation and treatment of
14 ~~human behavior~~ mental illness.

16 ~~(1) Schizophrenia;~~

18 ~~(2) Bipolar disorder;~~

20 ~~(3) Pervasive developmental disorder, or autism;~~

22 ~~(4) Paranoia;~~

24 ~~(5) Panic disorder;~~

26 ~~(6) Obsessive compulsive disorder, or~~

28 ~~(7) Major depressive disorder.~~

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

36 (1) The contracts must provide benefits for the
38 treatment and diagnosis of mental illnesses under terms
and conditions that are ~~no less extensive than~~ equal to
40 the benefits provided for medical treatment for
physical illnesses.

42 (2) At the request of a nonprofit hospital or medical
44 service organization, a provider of medical or
psychiatric treatment for mental illness shall furnish
46 data substantiating that initial or continued treatment
is medically or psychiatrically necessary and
48 appropriate. When making the determination of whether
treatment is medically or psychiatrically necessary and
50 appropriate, the provider shall use the same criteria

2 for medical treatment for mental illness as for medical
treatment for physical illness under the group contract.

4 (3) The benefits and coverage required under this
6 subsection must be provided as one set of benefits, and
8 coverage covering mental illness must have the same
10 terms and conditions as the benefits and coverage for
12 physical illness covered under the policy or contract,
14 and may be delivered under a managed care system.

16 (4) A policy or contract may not have separate
18 maximums for physical illness and mental illness,
20 separate deductibles and coinsurance amounts for
22 physical illness and mental illness, separate
24 out-of-pocket limits in a benefit period of not more
26 than 12 months for physical illness and mental illness
28 or separate office visitation limits for physical
30 illness and mental illness.

32 (5) A health benefit plan may not impose a limitation
34 on coverage or benefits for mental illness unless that
36 same limitation is also imposed on the coverage and
38 benefits for physical illness covered under the policy
40 or contract.

42 (6) Copayments required under a policy or contract for
44 benefits and coverage for mental illness must be
46 actuarially equivalent to any coinsurance requirements
48 or, if there are no coinsurance requirements, not
50 greater than any copayment required under the policy or
contract for a benefit or coverage for a physical
illness.

(7) A health benefit plan may not limit coverage for a
preexisting condition that is a mental illness.

(8) For the purposes of this section, medication
management visits associated with a mental illness must
be covered in the same manner as a medication
management visit for the treatment of a physical
illness and may not be counted in the calculation of
any maximum outpatient treatment visit limits.

~~This subsection does not apply to policies, contracts and
certificates covering employees of employers with 20 or fewer
employees, whether the group policy is issued to the employer, to
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~~

2 dependencies-through-the-diagnosis-of-a-mental-illness-listed-in
paragraph-A.

4 **Sec. 8. 24 MRSA §2325-A, sub-§5-D**, as amended by PL 1995, c.
637, §2, is repealed.

6 **Sec. 9. 24 MRSA §2325-A, sub-§7**, as enacted by PL 1983, c.
8 515, §4, is amended to read:

10 **7. Limits; coinsurance; deductibles.** Any policy or
12 contract ~~which~~ that provides coverage for the services required
by this section may contain provisions for maximum benefits and
14 coinsurance and reasonable limitations, deductibles and
exclusions only to the extent that these ~~provisions--are--not~~
~~inconsistent--with--the--requirements--of--this--section~~ maximum
16 benefits and coinsurance and reasonable limitations, deductibles
and exclusions are equal to those established for physical
18 illness and conform with the requirements of subsection 5-C.

20 **Sec. 10. 24 MRSA §2325-A, sub-§10** is enacted to read:

22 **10. Transition.** The provisions of this section do not
limit the provision of specialized services for individuals with
24 mental illness who are covered by Medicaid, supersede the
provisions of federal law, federal or state Medicaid policy or
26 the terms and conditions imposed on any Medicaid waiver granted
to the State with respect to the provision of services to
28 individuals with mental illness, and affect any annual health
insurance plan until its date of renewal or any health insurance
30 plan governed by a collective bargaining agreement or employment
contract until the expiration of that contract.

32 **Sec. 11. 24 MRSA §2329, sub-§1**, as repealed and replaced by PL
34 1983, c. 527, §1, is repealed.

36 **Sec. 12. 24 MRSA §2329, sub-§1-A** is enacted to read:

38 **1-A. Policy and purpose.** The Legislature recognizes that
alcoholism and drug dependency constitute major health problems
40 in the State and in the Nation and declares that it is the policy
of the State to:

42 **A.** Require that every health benefit plan that is offered,
44 amended, delivered, continued, executed, issued for delivery
or renewed in this State provide coverage and benefits for
46 the coverage of alcoholism and drug dependency equal to or
exceeding the coverage and benefits available under health
48 benefit plans for the diagnosis and treatment of all other
physical illnesses to ensure equitable and nondiscriminatory
50 health coverage benefits for all forms of illness, including

2 alcoholism and drug dependency, which are of significant
3 consequence to the health of the citizens of the State, and
4 which can be treated in a cost-effective manner;

6 B. Recognize that alcoholism is a disease and that
7 alcoholism and drug dependency can be effectively treated.
8 As such, alcoholism and drug dependency warrant the same
9 attention from the health care industry as other serious
10 diseases and illnesses. The Legislature further recognizes
11 that health care contracts, at times, fail to provide
12 adequate benefits for the treatment of alcoholism and drug
13 dependency, which results in more costly health care for
14 treatment of complications caused by the lack of early
15 intervention and other treatment services for persons
16 suffering from these illnesses. This situation causes
17 higher health care, social, law enforcement and economic
18 costs to the citizens of this State than is necessary,
19 including the need for the State to provide treatment to
20 some subscribers at public expense; and

22 C. Declare that, to assist the many citizens of this State
23 who suffer from these illnesses in a more cost-effective
24 way, health care coverage benefits for the treatment of the
25 illnesses of alcoholism and drug dependency must be included
26 in all individual and group health care contracts and must
27 include coverage for inpatient treatment, outpatient
28 treatment, residential treatment, crisis intervention and
29 resolution care, maximum lifetime benefits, copayments,
30 coverage of home visits, individual and family deductibles
31 and coinsurance.

32 **Sec. 13. 24 MRSA §2329, sub-§2, as amended by PL 1987, c. 735,**
33 **§41, is repealed.**

34 **Sec. 14. 24 MRSA §2329, sub-§2-A is enacted to read:**

36 **2-A. Definitions.** As used in this section, unless the
37 context otherwise indicates, the following terms have the
38 following meanings.

40 A. "Health benefit plan" means:

42 (1) Policies, contracts or certificates for hospital
43 or medical benefits that are offered, renewed, amended,
44 executed, continued, delivered or issued for delivery
45 in this State to an employer or individual on an
46 individual or group basis or on an individual or group
47 subscription basis and that provide coverage for
48 residents of this State;

- 2 (2) Nonprofit hospital or medical service organization
3 indemnity plans;
- 4 (3) Health maintenance organization subscriber or
5 group master contracts;
- 6 (4) Preferred provider plans;
- 7 (5) Health benefit plans offered or administered by
8 the State or by any subdivision or instrumentality of
9 the State;
- 10 (6) Multiple-employer welfare arrangements or
11 associations located in this State or another state and
12 that cover residents of this State who are eligible
13 employees; or
- 14 (7) Employer self-insured plans that are not exempt
15 pursuant to the federal Employee Retirement Income
16 Security Act of 1974 provisions.

17 "Health benefit plan" does not include accident-only
18 insurance, fixed indemnity insurance, credit health
19 insurance, Medicare supplement policies, Civilian Health and
20 Medical Program of the Uniformed Services supplement
21 policies, long-term care insurance, disability income
22 insurance, workers' compensation or similar insurance;
23 disease-specific insurance, automobile medical payment
24 insurance, dental insurance or vision insurance.

25 B. "Outpatient care" means care rendered by a
26 state-licensed practitioner; state-licensed approved or
27 certified detoxification, residential treatment or
28 outpatient program; or partial hospitalization program on a
29 periodic basis, including, but not limited to, patient
30 diagnosis, assessment and treatment; individual, family and
31 group counseling; crisis intervention and resolution; and
32 educational and support services.

33 C. "Preexisting condition" means a condition existing
34 during a specified period immediately preceding the
35 effective date of coverage that would have caused an
36 ordinary prudent person to seek medical advice, diagnosis,
37 care or treatment or a condition for which medical advice,
38 diagnosis, care or treatment was recommended or received
39 during a specified period immediately preceding the
40 effective date of coverage.

41 D. "Preexisting condition provision" means a provision in a

2 health benefit plan that denies, excludes or limits benefits
3 for an enrollee for expenses or services related to a
4 preexisting condition.

6 E. "Residential treatment" means services at a facility
7 that provides care 24 hours daily to one or more patients,
8 including, but not limited to, the following services: room
9 and board; medical, nursing and dietary services; patient
10 diagnosis, assessment and treatment; individual, family and
11 group counseling; and educational and support services,
12 including a designated unit of a licensed health care
13 facility providing any and all other services specified in
14 this paragraph to patients with the illnesses of alcoholism
15 and drug dependency.

16 F. "Treatment plan" means a written plan initiated at the
17 time of admission, approved by a licensed physician, a
18 person included in Title 24-A, section 2744, subsection 1
19 who can demonstrate expertise in addictions or a licensed or
20 registered alcohol and drug counselor employed by a
21 certified or licensed substance abuse program. "Treatment
22 plan" includes, but is not limited to, the patient's
23 medical, drug and alcoholism history; record of physical
24 examination; diagnosis; assessment of physical capabilities;
25 mental capacity; orders for medication, diet and special
26 needs for the patient's health or safety and treatment,
27 including medical, psychiatric, psychological, social
28 services, individual, family and group counseling; and
29 educational, support and referral services.

30 **Sec. 15. 24 MRSA §2329, sub-§§3 and 4,** as enacted by PL 1983,
31 c. 527, §1, are amended to read:

34 **3. Requirement.** Every nonprofit hospital or medical
35 service organization ~~which~~ that issues individual or group health
36 care contracts providing coverage ~~for-hospital-care~~ to residents
37 of this State shall provide benefits as required in this section
38 to any subscriber or other person covered under those contracts
39 for the treatment of alcoholism and other drug dependency
40 pursuant to a treatment plan. The requirements of this section
41 apply to every health benefit plan that provides coverage for a
42 family member of the insured or the subscriber and that is
43 offered, renewed, amended, executed, continued, delivered or
44 issued for delivery in this State to an employer or individual on
45 an individual or group basis.

46 **4. Services; providers.** Each individual or group contract
47 shall provide, at a minimum, for the following coverage, pursuant
48 to a treatment plan:

2 A. Residential treatment at a hospital or free-standing
4 residential treatment center which is licensed, certified or
approved by the State; and

6 B. Outpatient care, including crisis intervention and
8 resolution, rendered by state licensed, certified or
10 approved providers who have contracted with the nonprofit
12 hospital or medical service organization under terms and
14 conditions which the organization deems satisfactory to its
16 membership consistent with the requirements of this section.

14 ~~Treatment or confinement at any facility shall not preclude~~
16 ~~further or additional treatment at any other eligible facility,~~
18 ~~provided that the benefit days used do not exceed the total~~
20 ~~number of benefit days provided for under the contract.~~

18 4-A. Contract requirements. All policies, contracts and
20 certificates, delivered, issued for delivery, continued or
22 renewed in this State must provide benefits that meet the
24 requirements of this subsection. For purposes of this
26 subsection, all contracts are deemed renewed no later than the
28 next yearly anniversary of the contract date.

26 A. The contracts must provide benefits for the treatment
28 and diagnosis of alcoholism and drug dependency under terms
30 and conditions that are equal to the benefits provided for
32 medical treatment for physical illness.

30 B. At the request of a nonprofit hospital or medical
32 service organization, a provider of treatment for alcoholism
34 or drug dependency shall furnish data substantiating that
36 initial or continued treatment is necessary and
38 appropriate. When making the determination of whether
40 treatment is necessary and appropriate, the provider shall
42 use the same criteria for medical treatment for alcoholism
44 and drug dependency as for medical treatment for physical
46 illness under the contract.

40 C. The benefits and coverage required under this section
42 must be provided as one set of benefits and coverage
44 covering alcoholism and drug dependency, must have the same
46 terms and conditions as the benefits and coverage for
48 physical illness covered under the policy or contract and
50 may be delivered under a managed care system.

48 D. A policy or contract may not have separate maximums for
50 physical illnesses and alcoholism and drug dependency,
separate deductibles and coinsurance amounts for physical
illness and alcoholism and drug dependency covered under

2 this section, separate out-of-pocket limits in a benefit
4 period of not more than 12 months for physical illness and
6 alcoholism and drug dependency or separate office visitation
8 limits for physical illness and alcoholism and drug
10 dependency.

12 E. A health benefit plan may not impose a limitation on
14 coverage or benefits for alcoholism and drug dependency
16 unless that same limitation is also imposed on the coverage
18 and benefits for physical illness covered under the policy
20 or contract.

22 F. Copayments required under a policy or contract for
24 benefits and coverage for alcoholism and drug dependency
26 must be actuarially equivalent to any coinsurance
28 requirements, or if there are no coinsurance requirements,
30 not greater than any copayment required under the policy or
32 contract for a benefit or coverage for a physical illness.

34 G. A health benefit plan may not limit coverage for a
36 preexisting condition that is alcoholism or drug dependency.

38 H. For the purposes of this section, medication management
40 visits associated with alcoholism and drug dependency must
42 be covered in the same manner as a medication management
44 visit for the treatment of a physical illness and may not be
46 counted in the calculation of any maximum outpatient
48 treatment visit limits.

50 **Sec. 16. 24 MRSA §2329, sub-§5,** as amended by PL 1989, c. 490,
§2, is repealed.

Sec. 17. 24 MRSA §2329, sub-§6, as enacted by PL 1983, c. 527,
§1, is amended to read:

6. Limits; coinsurance; deductibles. Any policy or
contract ~~which~~ that provides coverage for the services required
by this section may contain provisions for maximum benefits and
coinsurance, and reasonable limitations, deductibles and
exclusions only to the extent that these ~~provisions--are--not~~
~~ineconsistent with~~ maximum benefits and coinsurance and reasonable
limitations, deductibles and exclusions are equal to those
established for physical illness and conform to the requirements
of this-section subsection 4-A.

Sec. 18. 24 MRSA §2329, sub-§11 is enacted to read:

11. Transition. The provisions of this section do not
limit the provision of specialized services for individuals with
alcoholism or drug dependency who are covered by Medicaid,
supersede the provisions of federal law, federal or state

2 Medicaid policy or the terms and conditions imposed on any
3 Medicaid waiver granted to the State with respect to the
4 provision of services to individuals with alcoholism or drug
5 dependency, and affect any annual health insurance plan until its
6 date of renewal or any health insurance plan governed by a
7 collective bargaining agreement or employment contract until the
8 expiration of that contract.

9
10 **Sec. 19. 24-A MRSA §2744**, as amended by PL 1995, c. 561, §2,
11 is further amended to read:

12 **§2744. Mental health services**

13
14 1. Notwithstanding any provision of a health insurance
15 policy subject to this chapter, whenever the policy provides for
16 payment or reimbursement for services ~~which that~~ are within the
17 lawful scope of practice of a psychologist licensed to practice
18 in this State, a certified social worker licensed for the
19 independent practice of social work in this State who has at
20 least a masters degree in social work from an accredited
21 educational institution, has been employed in social work for at
22 least 2 years, and who, after January 1, 1985, must be licensed
23 as a clinical social worker in this State, or a licensed clinical
24 professional counselor licensed for the independent practice of
25 counseling who has at least a masters degree in counseling from
26 an accredited educational institution, has been employed in
27 counseling for at least 2 years and, after January 1, 2002, must
28 be licensed as a clinical professional counselor in this State,
29 or a licensed nurse who is certified by the American Nurses'
30 Association as a clinical specialist in adult psychiatric and
31 mental health nursing or as a clinical specialist in child and
32 adolescent psychiatric and mental health nursing, any person
33 covered by the policy ~~shall be~~ is entitled to reimbursement for
34 these services if the services are performed by a physician, a
35 psychologist licensed to practice in this State, a certified
36 social worker licensed for the independent practice of social
37 work who has at least a masters degree in social work from an
38 accredited educational institution, who has been employed in
39 social work for at least 2 years, and who, after January 1, 1985,
40 must be licensed as a clinical social worker in this State, or a
41 licensed clinical professional counselor licensed for the
42 independent practice of counseling who has at least a masters
43 degree in counseling from an accredited educational institution,
44 has been employed in counseling for at least 2 years and, after
45 January 1, 2002, must be licensed as a clinical professional
46 counselor in this State, or a licensed nurse certified by the
47 American Nurses' Association as a clinical specialist in adult or
48 child and adolescent psychiatric and mental health nursing. ~~With~~
49 respect to services provided by physicians or psychologists, ~~this~~
50 This section applies to all health insurance policies, contracts

or certificates issued, renewed, modified, altered, amended or reissued on or after July 1, 1975. Payment or reimbursement for services rendered by clinical social workers licensed in this State shall, licensed clinical professional counselors licensed in this State or licensed nurses certified by the American Nurses' Association as clinical specialists in adult or 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 rendered is beyond the scope of their licensure.

~~2. Nothing in subsection 1 may be construed to require a health insurance policy subject to this chapter to provide for reimbursement of services which are within the lawful scope of practice of a psychologist licensed to practice in this State, a clinical social worker licensed in this State, a certified social worker licensed to practice in this State, or a certified nurse licensed to practice in this State.~~

~~3. Mental health services provided by counseling professionals. An insurer that issues individual health care contracts providing coverage for mental health services shall offer coverage for those services when performed by a counseling professional who is licensed by the State 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 a counselor for at least 2 years. Any contract providing coverage for the services of counseling professionals pursuant to this section 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, 1997. For purposes of this subsection, all contracts are deemed renewed no later than the next yearly anniversary of the contract date.~~

Sec. 20. 24-A MRSA §2749-C, sub-§1, as amended by PL 1995, c. 637, §3, is further amended to read:

1. Coverage for treatment for mental illnesses. Coverage for medical treatment for mental illnesses listed in paragraph A by all individual policies is subject to this section.

A. All individual policies must ~~make available coverage providing~~ 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

2 illnesses for which diagnostic criteria are prescribed in
3 the most recent edition of the Diagnostic and Statistical
4 Manual of Mental Disorders, as periodically revised, and
5 diagnosed by a licensed allopathic or osteopathic physician
6 or a licensed psychologist who is trained and has received a
7 doctorate in psychology specializing in the evaluation and
8 treatment of human behavior, or an individual included in
9 section 2744, subsection 1.

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~~ provide
27 coverage providing benefits that meet the requirements of
28 this paragraph. For purposes of this paragraph, all
29 contracts are deemed renewed no later than the next yearly
30 anniversary 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 equal to the benefits provided for medical treatment
36 for 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 treatment for
46 mental illness as for medical treatment for physical
47 illness under the individual policy.

48 (3) The benefits and coverage required under this
49 section must be provided as one set of benefits, and
50

2 coverage covering mental illness must have the same
4 terms and conditions as the benefits and coverage for
physical illness covered under the policy or contract
and may be delivered under a managed care system.

6 (4) A policy or contract may not have separate
8 maximums for physical illness and mental illness,
separate deductibles and coinsurance amounts for
10 physical illness and mental illness, separate
12 out-of-pocket limits in a benefit period of not more
than 12 months for physical illness and mental illness
14 or separate office visitation limits for physical
illness and mental illness.

16 (5) A health benefit plan may not impose a limitation
18 on coverage or benefits for mental illness unless that
same limitation is also imposed on the coverage and
20 benefits for physical illnesses covered under the
policy or contract.

22 (6) Copayments required under a policy or contract for
24 benefits and coverage for mental illness must be
actuarially equivalent to any coinsurance requirements
26 or, if there are no coinsurance requirements, not
greater than any copayment required under the policy or
28 contract for a benefit or coverage for a physical
illness.

30 (7) A health benefit plan may not limit coverage for a
preexisting condition that is a mental illness.

32 (8) For the purposes of this section, medication
34 management visits associated with a mental illness must
be covered in the same manner as a medication
36 management visit for the treatment of a physical
illness and may not be counted in the calculation of
38 any maximum outpatient treatment visit limits.

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

44 **Sec. 21. 24-A MRSA §2749-C, sub-§§2 and 3,** as enacted by PL
46 1995, c. 407, §5, are amended to read:

48 **2. Contracts; providers.** Subject to approval by the
50 superintendent pursuant to section 2305, an insurer incorporated
under this chapter shall offer contracts to providers, pursuant
to section 2744, authorizing the provision of mental health
services within the scope of the provider's licensure.

2 **3. Limits; coinsurance; deductibles.** A policy or contract
4 that provides coverage for the services required by this section
6 may contain provisions for maximum benefits and coinsurance and
8 reasonable limitations, deductibles and exclusions only to the
10 extent that these ~~provisions--are--not--inconsistent--with--the~~
requirements of this section maximum benefits and coinsurance and
reasonable limitations, deductibles and exclusions are equal to
those established for physical illness and conform with
requirements of subsection 1, paragraph B.

12 **Sec. 22. 24-A MRSA §2749-C, sub-§6** is enacted to read:

14 **6. Transition.** The provisions of this section do not limit
16 the provision of specialized services for individuals with mental
18 illness who are covered by Medicaid, supersede the provisions of
20 federal law, federal or state Medicaid policy or the terms and
22 conditions imposed on any Medicaid waiver granted to the State
with respect to the provision of services to individuals with
mental illness, and affect any annual health insurance plan until
its date of renewal or any health insurance plan governed by a
collective bargaining agreement or employment contract until the
expiration of that contract.

24 **Sec. 23. 24-A MRSA §2835**, as amended by PL 1995, c. 561, §3,
26 is further amended to read:

28 **§2835. Mental health services**

30 **1.** Notwithstanding any provision of a health insurance
32 policy subject to this chapter, whenever the policy provides for
34 payment or reimbursement for services ~~which~~ that are within the
36 lawful scope of practice of a psychologist licensed to practice
38 in this State, a certified social worker licensed for the
40 independent practice of social work in this State who has at
42 least a masters degree in social work from an accredited
44 educational institution, has been employed in social work for at
46 least 2 years, and who, after January 1, 1985, must be licensed
48 as a clinical social worker in this State, or a licensed clinical
50 professional counselor licensed for the independent practice of
counseling who has at least a masters degree in counseling from
an accredited educational institution, has been employed in
counseling for at least 2 years and, after January 1, 2002, must
be licensed as a clinical professional counselor in this State,
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
psychologist licensed to practice in this State, certified social

2 worker licensed for independent practice in this State who has at
3 least a masters degree in social work from an accredited
4 educational institution, who has been employed in social work for
5 at least 2 years, and who, after January 1, 1985, must be
6 licensed as a clinical social worker in this State, or a licensed
7 clinical professional counselor licensed for the independent
8 practice of counseling who has at least a masters degree in
9 counseling from an accredited educational institution, has been
10 employed in counseling for at least 2 years and, after January 1,
11 2002, must be licensed as a clinical professional counselor in
12 this State, or a licensed nurse certified by the American Nurses'
13 Association as a clinical specialist in adult or child and
14 adolescent psychiatric and mental health nursing. With respect to
15 services provided by physicians or psychologists, this section
16 applies to all health insurance policies, contracts or
17 certificates issued, renewed, modified, altered, amended or
18 reissued on or after April 16, 1976. Payment or reimbursement
19 for services rendered by clinical social workers licensed in this
20 State shall, licensed clinical professional counselors licensed
21 in this State or licensed nurses certified by the American
22 Nurses' Association as clinical specialists in adult or child and
23 adolescent psychiatric and mental health nursing may not be
24 conditioned upon prior diagnosis or referral by a physician or
25 other health care professional, except in cases where diagnosis
26 of the condition for which the services are rendered is beyond
27 the scope of their licensure.

28 ~~2.-- Nothing in subsection 1 may be construed to require a~~
29 ~~health insurance policy subject to this chapter to provide for~~
30 ~~reimbursement of services which are within the lawful scope of~~
31 ~~practice of a psychologist licensed to practice in this State, a~~
32 ~~clinical social worker licensed in this State, a certified social~~
33 ~~worker licensed to practice in this State, or a nurse certified~~
34 ~~and licensed to practice in this State.~~

36 **3.--- Mental---health---services---provided---by---counseling**
37 **professionals.--- An insurer that issues group health care**
38 **contracts providing coverage for mental health services shall**
39 **make available coverage for those services when performed by a**
40 **counseling professional who is licensed by the State pursuant to**
41 **Title 32, chapter 119 to assess and treat interpersonal and**
42 **intrapersonal problems, has at least a masters degree in**
43 **counseling or a related field from an accredited educational**
44 **institution and has been employed as a counselor for at least 2**
45 **years.--- Any contract providing coverage for the services of**
46 **counseling professionals pursuant to this section may be subject**
47 **to any reasonable limitations, maximum benefits, coinsurance,**
48 **deductibles or exclusion provisions applicable to overall**
49 **benefits under the contract.--- This subsection applies to all**
50 **contracts executed, delivered, issued for delivery, continued or**

renewed in this State on or after January 1, 1997. For purposes
of this subsection, all contracts are deemed renewed no later
than the next yearly anniversary of the contract date.

Sec. 24. 24-A MRSA §2842, sub-§1, as repealed and replaced by
PL 1983, c. 527, §2, is repealed.

Sec. 25. 24-A MRSA §2842, sub-§1-A is enacted to read:

1-A. Policy and Purpose. The Legislature recognizes that
alcoholism and drug dependency constitute major health problems
in the State and in the Nation and declares that it is the policy
of the State to:

A. Require that every health benefit plan that is offered,
amended, delivered, continued, executed, issued for delivery
or renewed in this State provide coverage and benefits for
the coverage of alcoholism and drug dependency equal to or
exceeding the coverage and benefits available under health
benefit plans for the diagnosis and treatment of all other
covered physical illnesses to ensure equitable and
nondiscriminatory health coverage benefits for all forms of
illness, including alcoholism and drug dependency, which are
of significant consequence to the health of the citizens of
the State, and which can be treated in a cost-effective
manner;

B. Recognize that alcoholism is a disease and that
alcoholism and drug dependency can be effectively treated.
As such, alcoholism and drug dependency warrant the same
attention from the health care industry as other serious
diseases and illnesses. The Legislature further recognizes
that health care contracts, at times, fail to provide
adequate benefits for the treatment of alcoholism and drug
dependency, which results in more costly health care for
treatment of complications caused by the lack of early
intervention and other treatment services for persons
suffering from these illnesses. This situation causes higher
health care, social, law enforcement and economic costs to
the citizens of this State than is necessary, including the
need for the State to provide treatment to some insureds at
public expense; and

C. Declare that, to assist the many citizens of this State
who suffer from these illnesses in a more cost-effective
way, health insurance coverage benefits for the treatment of
the illnesses of alcoholism and drug dependency must be
included in all group health care contracts and must include
coverage for inpatient treatment, outpatient treatment,
residential treatment, crisis intervention and resolution

2 care, maximum lifetime benefits, copayments, coverage of
3 home visits, individual and family deductibles and
4 coinsurance.

6 **Sec. 26. 24-A MRSA §2842, sub-§2**, as repealed and replaced by
PL 1983, c. 527, §2, is repealed.

8 **Sec. 27. 24-A MRSA §2842, sub-§2-A** is enacted to read:

10 2-A. Definitions. As used in this section, unless the
11 context indicates otherwise, the following terms have the
12 following meanings.

14 A. "Health benefit plan" means:

16 (1) Policies, contracts or certificates for hospital
17 or medical benefits that are offered, renewed, amended,
18 executed, continued, delivered or issued for delivery
19 in this State to an employer on a group basis or on a
20 group subscription basis, and that provides coverage
21 for residents of this State;

22 (2) Nonprofit hospital or medical service organization
23 indemnity plans;

24 (3) Health maintenance organization group master
25 contracts;

26 (4) Preferred provider plans;

27 (5) Health benefit plans offered or administered by
28 the State or by any subdivision or instrumentality of
29 the State;

30 (6) Multiple-employer welfare arrangements or
31 associations located in this State or another state and
32 that cover residents of this State who are eligible
33 employees; or

34 (7) Employer self-insured plans that are not exempt
35 pursuant to the federal Employee Retirement Income
36 Security Act of 1974 provisions.

37 "Health benefit plan" does not include accident-only
38 insurance, fixed indemnity insurance, credit health
39 insurance, Medicare supplement policies, Civilian Health and
40 Medical Program of the Uniformed Services supplement
41 policies, long-term care insurance, disability income
42 insurance, workers' compensation or similar insurance,
43 disease-specific insurance, automobile medical payment
44 insurance, dental insurance or vision insurance.

2 B. "Outpatient care" means care rendered by a
4 state-licensed practitioner; state-licensed approved or
6 certified detoxification, residential treatment or
8 outpatient program; or partial hospitalization program on a
 periodic basis, including, but not limited to, patient
 diagnosis, assessment and treatment; individual, family and
 group counseling; crisis intervention and resolution; and
 educational and support services.

10 C. "Preexisting condition" means a condition existing
12 during a specified period immediately preceding the
14 effective date of coverage that would have caused an
16 ordinary prudent person to seek medical advice, diagnosis,
18 care or treatment or a condition for which medical advice,
 diagnosis, care or treatment or a condition for which
 medical advice, diagnosis, care or treatment was recommended
 or received during a specified period immediately preceding
 the effective date of coverage.

20 D. "Preexisting condition provision" means a provision in a
22 health benefit plan that denies, excludes or limits benefits
24 for an enrollee for expenses or services related to a
 preexisting condition.

26 E. "Residential treatment" means services at a facility
28 that provides care 24 hours daily to one or more patients,
30 including, but not limited to, the following services: room
32 and board; medical, nursing and dietary services; patient
34 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 and all other services specified in
 this paragraph to patients with the illnesses of alcoholism
 and drug dependency.

36 F. "Treatment plan" means a written plan initiated at the
38 time of admission, approved by a licensed physician, a
40 person included in section 2744, subsection 1 who can
42 demonstrate expertise in addictions or a licensed or
44 registered alcohol and drug counselor employed by a
46 certified or licensed substance abuse program. "Treatment
48 plan" includes, but is not limited to, the patient's
 medical, drug and alcoholism history; record of physical
 examination; diagnosis; assessment of physical capabilities;
 mental capacity; orders for medication, diet and special
 needs for the patient's health or safety and treatment,
 including medical, psychiatric, psychological, social
 services, individual, family and group counseling; and
50 educational, support and referral services.

2 **Sec. 28. 24-A MRSA §2842, sub-§§3 and 4**, as enacted by PL 1983,
4 c. 527, §2, are amended to read:

6 **3. Requirement.** Every insurer which that issues group
8 health care contracts providing coverage ~~for hospital care~~ to
10 residents of this State shall provide benefits as required in
12 this section to any subscriber or other person covered under
14 those contracts for the treatment of alcoholism and other drug
16 dependency pursuant to a treatment plan. The requirements of
this section apply to every health benefit plan that provides
coverage for a family member of the insured and that is offered,
renewed, amended, executed, continued, delivered or issued for
delivery in this State to an employer or policyholder on a group
basis.

18 **4. Services; providers.** Each ~~group~~ group contract shall
20 provide, at a minimum, for the following coverage, pursuant to a
22 treatment plan:

24 A. Residential treatment at a hospital or free-standing
26 residential treatment center which that is licensed,
28 certified or approved by the State; and

30 B. Outpatient care rendered by state licensed, certified or
32 approved providers.

34 ~~Treatment or confinement at any facility shall not preclude
further or additional treatment at any other eligible facility,
provided that the benefit days used do not exceed the total
number of benefit days provided for under the contract.~~

36 **Sec. 29. 24-A MRSA §2842, sub-§5**, as amended by PL 1989, c.
38 490, §3, is repealed.

40 **Sec. 30. 24-A MRSA §2842, sub-§6**, as enacted by PL 1983, c.
42 527, §2, is amended to read:

44 **6. Limits; coinsurance; deductibles.** Any policy or contract
46 which that provides coverage for the services required by this
48 section may contain provisions for maximum benefits and
50 coinsurance, and reasonable limitations, deductibles and
exclusions only to the extent that these ~~provisions are not
inconsistent with the requirements of this section~~ maximum
benefits and coinsurance and reasonable limitations, deductibles
and exclusions are equal to those established for physical
illness and conform to the requirements of subsection 4.

52 **Sec. 31. 24-A MRSA §2842, sub-§11** is enacted to read:

54 **11. Transition.** The provisions of this section do not

2 limit the provision of specialized services for individuals with
3 alcoholism or drug dependency who are covered by Medicaid,
4 supersede the provisions of federal law, federal or state
5 Medicaid policy or the terms and conditions imposed on any
6 Medicaid waiver granted to the State with respect to the
7 provision of services to individuals with alcoholism or drug
8 dependency, and affect any annual health insurance plan until its
9 date of renewal or any health insurance plan governed by a
10 collective bargaining agreement or employment contract until the
11 expiration of that contract.

12 **Sec. 32. 24-A MRSA §2843, sub-§1, ¶C,** as enacted by PL 1983,
13 c. 515, §6, is repealed and the following enacted in its place:

14 C. Typical health coverage in this State continues to
15 discriminate against mental illness and those coping with
16 such illnesses despite repeated efforts to mandate equal
17 coverage. Discrimination takes the form of limiting or
18 denying coverage, with nonexistent or limited benefits
19 compared to provisions for other illnesses that are not
20 limited or denied; and

21 **Sec. 33. 24-A MRSA §2843, sub-§2, ¶¶A and B,** as enacted by PL
22 1983, c. 515, §6, are amended to read:

23 A. ~~Promote~~ Require that every health benefit plan that is
24 offered, amended, delivered, continued, executed, issued for
25 delivery or renewed in this State, provide coverage and
26 benefits for the coverage of mental illness equal to or
27 exceeding the coverage and benefits available under health
28 benefit plans for the diagnosis and treatment of all other
29 covered physical illnesses and to ensure equitable and
30 nondiscriminatory health coverage benefits for all forms of
31 illness, including mental and emotional disorders, which are
32 of significant consequence to the health of Maine people and
33 which can be treated in a cost effective manner;

34 B. Assure that victims of mental and other illnesses have
35 access to and choice of appropriate treatment at the
36 earliest point of illness in least restrictive settings,
37 including coverage for inpatient treatment, outpatient
38 treatment, day treatment, outpatient care, residential
39 treatment, home support services, crisis intervention and
40 resolution care, medication, maximum lifetime benefits,
41 copayments, coverage of home visits, individual and family
42 deductibles and coinsurance;

43 **Sec. 34. 24-A MRSA §2843, sub-§3,** as amended by PL 1995, c.
44 560, Pt. K, §82 and affected by §83, is repealed.

2 Sec. 35. 24-A MRS §2843, sub-§3-A is enacted to read:

4 3-A. Definitions. For purposes of this section, unless the
6 context otherwise indicates, the following terms have the
 following meanings.

8 A. "Adult" means any person who is 18 years of age or older.

10 B. "Child" means any person under 18 years of age.

12 C. "Day treatment services" includes psychoeducational,
14 physiological, psychological and psychosocial concepts,
 techniques and processes necessary to maintain or develop
16 functional skills of clients, provided to individuals or
 groups for periods of more than 2 hours but less than 24
18 hours per day.

20 D. "Health benefit plan" means:

22 (1) Policies, contracts or certificates for hospital
 or medical benefits that are offered, renewed, amended,
24 executed, continued, delivered or issued for delivery
 in this State to an employer or policy holder on a
26 group basis or on a group subscription basis, and that
 provide coverage for residents of this State;

28 (2) Nonprofit hospital or medical service organization
 indemnity plans;

30 (3) Health maintenance organization group master
32 contracts;

34 (4) Preferred provider plans;

36 (5) Health benefit plans offered or administered by
 the State or by any subdivision or instrumentality of
38 the State;

40 (6) Multiple-employer welfare arrangements or
 associations located in this State or another state and
42 that cover residents of this State who are eligible
 employees; or

44 (7) Employer self-insured plans that are not exempt
46 pursuant to the federal Employee Retirement Income
 Security Act of 1974 provisions.

48 "Health benefit plan" does not include accident-only
50 insurance, fixed indemnity insurance, credit health

2 insurance, Medicare supplement policies, Civilian Health and
3 Medical Program of the Uniformed Services supplement
4 policies, long-term care insurance, disability income
5 insurance, workers' compensation or similar insurance,
6 disease-specific insurance, automobile medical payment
7 insurance, dental insurance or vision insurance.

8 E. "Home support services" means rehabilitative services,
9 treatment services and living skills services provided for a
10 person with a mental illness. "Home support services" may
11 be provided in a community setting or the person's current
12 place of residence, and are services that promote the
13 integration of the person into the community, sustain the
14 person in the person's current living situation or another
15 living situation of that person's choosing and enhance the
16 person's quality of life. "Home support services" may be
17 provided directly to the person or indirectly through
18 collateral contact or by telephone contact or other means on
19 behalf of the person. "Home support services" includes, but
20 is not limited to:

21 (1) Case management services and assertive community
22 treatment services;

23 (2) Medication education and monitoring;

24 (3) Crisis intervention and resolution services and
25 follow-up services; and

26 (4) Individual, group and family counseling services.

27 F. "Inpatient services" includes, but is not limited to, a
28 range of physiological, psychological and other intervention
29 concepts, techniques and processes in a community mental
30 health psychiatric inpatient unit, general hospital
31 psychiatric unit or psychiatric hospital licensed by the
32 Department of Human Services or accredited public hospital
33 to restore psychosocial functioning sufficient to allow
34 maintenance and support of a person suffering from a mental
35 illness in a less restrictive setting.

36 G. "Inpatient treatment" means mental health or substance
37 abuse services delivered on a 24-hour per day basis in a
38 hospital, accredited public hospital, alcohol or drug
39 rehabilitation facility, intermediate care facility,
40 community mental health psychiatric inpatient unit, general
41 hospital psychiatric unit or psychiatric hospital licensed
42 by the Department of Human Services.

43 H. "Intermediate care facility" means a licensed,

2 residential public or private facility that is not a
3 hospital and that is operated primarily for the purpose of
4 providing a continuous, structured 24-hour per day,
5 state-approved program of inpatient substance abuse services.

6 I. "Mental health services" means treatment for mental
7 illnesses.

8
9
10 J. "Mental illness" is any mental or nervous condition that
11 affects a person by impairing the person's psychobiological
12 processes severely enough that the person manifests problems
13 in the areas of social, psychological or biological
14 functioning. A person with mental illness has a disorder of
15 thought, mood, perception, orientation or memory that
16 impairs judgment, behavior, capacity to recognize or ability
17 to cope with the ordinary demands of life. A person with
18 mental illness manifests an impaired capacity to maintain
19 acceptable levels of functioning in the areas of intellect,
20 emotion or physical well-being. "Mental illness" includes,
21 but is not limited to, any of the following illnesses for
22 which the diagnostic criteria are prescribed in the most
23 recent edition of the Diagnostic and Statistical Manual of
24 Mental Disorders, as periodically revised, as the illness
25 applies to adults and children:

26 (1) Psychotic disorders, including schizophrenia;

27 (2) Dissociative disorders;

28 (3) Mood disorders;

29 (4) Anxiety disorders;

30 (5) Personality disorders;

31 (6) Paraphilias;

32 (7) Attention-deficit and disruptive behavior
33 disorders;

34 (8) Pervasive developmental disorders;

35 (9) Tic disorders;

36 (10) Eating disorders, including bulimia and anorexia;
37 and

38 (11) Substance abuse-related disorders.

39
40
41
42
43
44
45
46
47
48
49
50 K. "Outpatient care" means care rendered by a

2 state-licensed practitioner; state-licensed approved or
4 certified detoxification, residential treatment or
6 outpatient program; or partial hospitalization program on a
periodic basis, including, but not limited to, patient
diagnosis, assessment and treatment; individual, family and
group counseling; and educational and support services.

8 L. "Outpatient services" includes, but is not limited to,
10 screening, evaluation, consultations, diagnosis and
12 treatment involving use of psychoeducational, physiological,
14 psychological and psychosocial evaluative and interventive
concepts, techniques and processes provided to individuals
and groups.

16 M. "Person suffering from a mental illness" means a person
18 whose psychobiological processes are impaired severely
20 enough to manifest problems in the areas of social,
22 psychological or biological functioning. Such a person has a
24 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. A person
suffering from a mental illness manifests an impaired
capacity to maintain acceptable levels of functioning in the
areas of intellect, emotion or physical well-being.

26 N. "Preexisting condition" means a condition existing
28 during a specified period immediately preceding the
30 effective date of coverage that would have caused an
32 ordinary prudent person to seek medical advice, diagnosis,
34 care or treatment or a condition for which medical advice,
diagnosis, care or treatment was recommended or received
during a specified period immediately preceding the
effective date of coverage.

36 O. "Preexisting condition provision" means a provision in a
38 health benefit plan that denies, excludes or limits benefits
for an enrollee for expenses or services related to a
preexisting condition.

40 P. "Provider" means those individuals included in section
42 2744, subsection 1, and a licensed physician, an accredited
44 public hospital or psychiatric hospital or a community
46 agency licensed at the comprehensive service level by the
48 Department of Mental Health, Mental Retardation and
Substance Abuse Services. All agencies or institutional
providers named in this paragraph shall ensure that services
are supervised by a psychiatrist, licensed psychologist, or
master's level clinician, licensed in this State to practice
at the independent level, who meets the Department of Mental
Health, Mental Retardation and Substance Abuse Services
standards for the provision of supervision.

2 O. "Residential treatment" means services at a facility
4 that provides care 24 hours daily to one or more patients,
6 including, but not limited to, the following services: room
8 and board; medical, nursing and dietary services; patient
10 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 and all other services specified in
 this paragraph to a person suffering from a mental illness.

12 R. "Treatment" means services, including diagnostic
14 evaluation; medical, psychiatric and psychological care; and
16 psychotherapy for mental illnesses rendered by a hospital,
18 alcohol or drug rehabilitation facility, intermediate care
20 facility, mental health treatment center or a professional,
 pursuant to section 2744, subsection 1 and licensed in the
 State to diagnose and treat conditions defined in the
 Diagnostic and Statistical Manual of Mental Disorders, as
 periodically revised.

22 **Sec. 36. 24-A MRSA §2843, sub-§4,** as enacted by PL 1983, c.
24 515, §6, is amended to read:

26 **4. Requirement.** Every insurer which that issues group
28 health care contracts providing coverage for hospital care to
30 residents of this State shall provide benefits as required in
32 this section to any subscriber or other person covered under
34 those contracts for conditions arising from mental illness. The
 requirements of this section shall apply to every health benefit
 plan that provides coverage for a family member of the insured or
 the subscriber that is offered, renewed, amended, executed,
 continued, delivered or issued for delivery in this State to an
 employer or policyholder on a group basis.

36 **Sec. 37. 24-A MRSA §2843, sub-§5,** as enacted by PL 1983, c.
38 515, §6, is amended to read:

40 **5. Services.** Each group contract shall must provide, at a
42 minimum, for the following benefits for a person suffering from a
44 mental or nervous condition:

- 46 A. Inpatient care treatment and services;
48 B. Day treatment services; and
 C. Outpatient care, treatment and services;
 D. Home support services; and

2
4
6
8
10
12
14
16
18
20
22
24
26
28
30
32
34
36
38
40
42
44
46
48
50

E. Residential treatment.

Sec. 38. 24-A MRSA §2843, sub-§5-A, as amended by PL 1989, c. 490, §4, is repealed.

Sec. 39. 24-A MRSA §2843, sub-§5-C, as amended by PL 1995, c. 637, §4, is further amended to read:

5-C. Coverage for treatment for mental illnesses. Coverage for medical 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 defined in subsection 3-A, paragraph J, 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, ~~or an individual included in section 2744,~~ subsection 1.

- ~~(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 policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after July 1, 1996~~ must provide 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 contracts must provide benefits for the treatment and diagnosis of mental illnesses under terms and conditions that are ~~no less extensive than~~ equal to the benefits provided for medical treatment for physical illnesses.

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

12 (3) The benefits and coverage required under this
13 section must be provided as one set of benefits, and
14 coverage covering mental illness must have the same
15 terms and conditions as the benefits and coverage for
16 physical illness covered under the policy or contract
17 and may be delivered under a managed care system.

18 (4) A policy or contract may not have separate
19 maximums for physical illness and mental illness,
20 separate deductibles and coinsurance amounts for
21 physical illness and mental illness, separate
22 out-of-pocket limits in a benefit period of not more
23 than 12 months for physical illness and mental illness
24 or separate office visitation limits for physical
25 illness and mental illness.

26 (5) A health benefit plan may not impose a limitation
27 on coverage or benefits for mental illness unless that
28 same limitation is also imposed on the coverage and
29 benefits for physical illness covered under the policy
30 or contract.

31 (6) Copayments required under a policy or contract for
32 benefits and coverage for mental illness must be
33 actuarially equivalent to any coinsurance requirements
34 or, if there are no coinsurance requirements, not
35 greater than any copayment required under the policy or
36 contract for a benefit or coverage for a physical
37 illness.

38 (7) A health benefit plan may not limit coverage for a
39 preexisting condition that is a mental illness.

40 (8) For the purposes of this section, medication
41 management visits associated with a mental illness must
42 be covered in the same manner as a medication
43 management visit for the treatment of a physical
44 illness and may not be counted in the calculation of
45 any maximum outpatient treatment visit limits.

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

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

12 **Sec. 40. 24-A MRSA §2843, sub-§5-D,** as amended by PL 1995, c.
637, §5, is repealed.

14 **Sec. 41. 24-A MRSA §2843, sub-§6,** as enacted by PL 1983, c.
16 515, §6, is amended to read:

18 **6. Limits; coinsurance; deductibles.** Any policy or
contract which that provides coverage for the services required
20 by this section may contain provisions for maximum benefits and
coinsurance and reasonable limitations, deductibles and
22 exclusions only to the extent that these provisions--are--not
ineonsistent--with--the--requirements--of--this--section maximum
24 benefits and coinsurance and reasonable limitations, deductibles
and exclusions are equal to those established for physical
26 illness and conform with the requirements of subsection 5-C.

28 **Sec. 42. 24-A MRSA §2843, sub-§9** is enacted to read:

30 **9. Transition.** The provisions of this section do not limit
the provision of specialized services for individuals with mental
32 illness who are covered by Medicaid, supersede the provisions of
federal law, federal or state Medicaid policy or the terms and
34 conditions imposed on any Medicaid waiver granted to the State
with respect to the provision of services to individuals with
36 mental illness, and affect any annual health insurance plan until
its date of renewal or any health insurance plan governed by a
38 collective bargaining agreement or employment contract until the
expiration of that contract.

40 **Sec. 43. 24-A MRSA §4234-A, sub-§1, ¶C,** as enacted by PL 1995,
42 c. 407, §10, is repealed and the following enacted in its place:

44 C. Typical health coverage in this State continues to
discriminate against mental illness and those coping with
46 such illnesses despite repeated efforts to mandate equal
coverage. Discrimination takes the form of limiting or
48 denying coverage, with nonexistent or limited benefits
compared to provisions for other illnesses that are not
50 limited or denied; and

2 **Sec. 44. 24-A MRSA §4234-A, sub-§2, ¶¶A and B**, as enacted by
PL 1995, c. 407, §10, are amended to read:

4
6 A. Promete Require that every health benefit plan that is
offered, amended, delivered, continued, executed, issued for
8 delivery or renewed in this State provide coverage and
benefits for the coverage of mental illness equal to or
10 exceeding the coverage and benefits available under health
benefit plans for the diagnosis and treatment of all other
12 covered physical illnesses and to ensure equitable and
nondiscriminatory health coverage benefits for all forms of
14 illness including mental and emotional disorders that are of
significant consequence to the health of people of the State
16 and that can be treated in a cost-effective manner;

18 B. Ensure that victims of mental and other illnesses have
access to and choice of appropriate treatment at the
earliest point of illness in the least restrictive settings,
20 including coverage for inpatient treatment, outpatient
treatment, day treatment, outpatient care, residential
22 treatment, home support services, crisis intervention and
resolution care, medication, maximum lifetime benefits,
24 copayments, coverage of home visits, individual and family
deductibles and coinsurance;

26 **Sec. 45. 24-A MRSA §4234-A, sub-§3**, as amended by PL 1999, c.
28 256, Pt. O, §3, is repealed.

30 **Sec. 46. 24-A MRSA §4234-A, sub-§3-A** is enacted to read:

32 **3-A. Definitions.** For purposes of this section, unless the
context otherwise indicates, the following terms have the
34 following meanings.

36 A. "Adult" means any person who is 18 years of age or older.

38 B. "Child" means any person under 18 years of age.

40 C. "Day treatment services" includes psychoeducational,
physiological, psychological and psychosocial concepts,
42 techniques and processes necessary to maintain or develop
functional skills of clients, provided to individuals or
44 groups for periods of more than 2 hours but less than 24
hours per day.

46 D. "Health benefit plan" means:

48 (1) Policies, contracts or certificates for hospital
50 or medical benefits that are offered, renewed, amended,

2 executed, continued, delivered or issued for delivery
3 in this State to an employer or individual on an
4 individual or group basis or on an individual or group
5 subscription basis and that provide coverage for
6 residents of this State;

7 (2) Nonprofit hospital or medical service organization
8 indemnity plans;

9 (3) Health maintenance organization subscriber or
10 group master contracts;

11 (4) Preferred provider plans;

12 (5) Health benefit plans offered or administered by
13 the State or by any subdivision or instrumentality of
14 the State;

15 (6) Multiple-employer welfare arrangements or
16 associations located in this State or another state and
17 that cover residents of this State who are eligible
18 employees; or

19 (7) Employer self-insured plans that are not exempt
20 pursuant to the federal Employee Retirement Income
21 Security Act of 1974 provisions.

22 "Health benefit plan" does not include accident-only
23 insurance, fixed indemnity insurance, credit health
24 insurance, Medicare supplement policies, Civilian Health and
25 Medical Program of the Uniformed Services supplement
26 policies, long-term care insurance, disability income
27 insurance, workers' compensation or similar insurance,
28 disease-specific insurance, automobile medical payment
29 insurance, dental insurance or vision insurance.

30 E. "Home support services" means rehabilitative services,
31 treatment services and living skills services provided for a
32 person with a mental illness. "Home support services" may
33 be provided in a community setting or the person's current
34 place of residence, and are services that promote the
35 integration of the person into the community, sustain the
36 person in the person's current living situation or another
37 living situation of that person's choosing and enhance the
38 person's quality of life. "Home support services" may be
39 provided directly to the person or indirectly through
40 collateral contact or by telephone contact or other means on
41 behalf of the person. "Home support services" includes, but
42 is not limited to:

- 2 (1) Case management services and assertive community
3 treatment services;
4
5 (2) Medication education and monitoring;
6
7 (3) Crisis intervention and resolution services and
8 follow-up services; and
9
10 (4) Individual, group and family counseling services.

12 F. "Inpatient services" includes, but is not limited to, a
13 range of physiological, psychological and other intervention
14 concepts, techniques and processes in a community mental
15 health psychiatric inpatient unit, general hospital
16 psychiatric unit or psychiatric hospital licensed by the
17 Department of Human Services or accredited public hospital
18 to restore psychosocial functioning sufficient to allow
19 maintenance and support of a person suffering from a mental
20 illness in a less restrictive setting.

22 G. "Inpatient treatment" means mental health or substance
23 abuse services delivered on a 24-hour per day basis in a
24 hospital, accredited public hospital, alcohol or drug
25 rehabilitation facility, intermediate care facility,
26 community mental health psychiatric inpatient unit, general
27 hospital psychiatric unit or psychiatric hospital licensed
28 by the Department of Human Services.

30 H. "Intermediate care facility" means a licensed,
31 residential public or private facility that is not a
32 hospital and that is operated primarily for the purpose of
33 providing a continuous, structured 24-hour per day,
34 state-approved program of inpatient substance abuse services.

36 I. "Mental health services" means treatment for mental
37 illnesses.

38
39 J. "Mental illness" is any mental or nervous condition that
40 affects a person by impairing the person's psychobiological
41 processes severely enough that the person manifests problems
42 in the areas of social, psychological or biological
43 functioning. A person with mental illness has a disorder of
44 thought, mood, perception, orientation or memory that
45 impairs judgment, behavior, capacity to recognize or ability
46 to cope with the ordinary demands of life. A person with
47 mental illness manifests an impaired capacity to maintain
48 acceptable levels of functioning in the areas of intellect,
49 emotion or physical well-being. "Mental illness" includes,
50 but is not limited to, any of the following illnesses for

2 which the diagnostic criteria are prescribed in the most
3 recent edition of the Diagnostic and Statistical Manual of
4 Mental Disorders, as periodically revised, as the illness
5 applies to adults and children:

6 (1) Psychotic disorders, including schizophrenia;

8 (2) Dissociative disorders;

10 (3) Mood disorders;

12 (4) Anxiety disorders;

14 (5) Personality disorders;

16 (6) Paraphilias;

18 (7) Attention-deficit and disruptive behavior
19 disorders;

20 (8) Pervasive developmental disorders;

22 (9) Tic disorders;

24 (10) Eating disorders, including bulimia and anorexia;
26 and

28 (11) Substance abuse-related disorders.

30 K. "Outpatient care" means care rendered by a
31 state-licensed practitioner; state-licensed approved or
32 certified detoxification, residential treatment or
33 outpatient program; or partial hospitalization program on a
34 periodic basis, including, but not limited to, patient
35 diagnosis, assessment and treatment; individual, family and
36 group counseling; and educational and support services.

38 L. "Outpatient services" includes, but is not limited to,
39 screening, evaluation, consultations, diagnosis and
40 treatment involving use of psychoeducational, physiological,
41 psychological and psychosocial evaluative and interventive
42 concepts, techniques and processes provided to individuals
43 and groups.

44 M. "Person suffering from a mental illness" means a person
45 whose psychobiological processes are impaired severely
46 enough to manifest problems in the areas of social,
47 psychological or biological functioning. Such a person has a
48 disorder of thought, mood, perception, orientation or memory
49 that impairs judgment, behavior, capacity to recognize or
50 control one's actions.

2 ability to cope with the ordinary demands of life. A person
3 suffering from a mental illness manifests an impaired
4 capacity to maintain acceptable levels of functioning in the
5 areas of intellect, emotion or physical well-being.

6 N. "Preexisting condition" means a condition existing
7 during a specified period immediately preceding the
8 effective date of coverage that would have caused an
9 ordinary prudent person to seek medical advice, diagnosis,
10 care or treatment or a condition for which medical advice,
11 diagnosis, care or treatment was recommended or received
12 during a specified period immediately preceding the
13 effective date of coverage.

14 O. "Preexisting condition provision" means a provision in a
15 health benefit plan that denies, excludes or limits benefits
16 for an enrollee for expenses or services related to a
17 preexisting condition.

18 P. "Provider" means those individuals included in section
19 2744, subsection 1, and a licensed physician, an accredited
20 public hospital or psychiatric hospital or a community
21 agency licensed at the comprehensive service level by the
22 Department of Mental Health, Mental Retardation and
23 Substance Abuse Services. All agency or institutional
24 providers named in this paragraph shall ensure that
25 services are supervised by a psychiatrist, licensed
26 psychologist or master's level clinician, licensed in this
27 State to practice at the independent level and who meets the
28 Department of Mental Health, Mental Retardation and
29 Substance Abuse Services standards for the provision of
30 supervision.

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

40 R. "Treatment" means services, including diagnostic
41 evaluation; medical, psychiatric and psychological care; and
42 psychotherapy for mental illness rendered by a hospital,
43 alcohol or drug rehabilitation facility, intermediate care
44 facility, mental health treatment center or a professional,
45 pursuant to section 2744, subsection 1, and licensed in the
46 State to diagnose and treat conditions defined in the
47 State.

2 Diagnostic and Statistical Manual of Mental Disorders, as
3 periodically revised.

4 **Sec. 47. 24-A MRSA §4234-A, sub-§4,** as enacted by PL 1995, c.
5 407, §10, is amended to read:

6
7 **4. Requirement.** Every health maintenance organization that
8 issues individual or group health care contracts providing
9 coverage ~~for--hospital--care~~ to residents of this State shall
10 provide benefits as required in this section to any subscriber or
11 other person covered under those contracts for conditions arising
12 from mental illness. The requirements of this section shall
13 apply to every health benefit plan that provides coverage for a
14 family member of the insured or the subscriber that is offered,
15 renewed, amended, executed, continued, delivered or issued for
16 delivery in this State to an employer or individual on a group or
17 individual basis.

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

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

- 23 A. Inpatient treatment and services;
- 24 B. Day treatment services; and
- 25 C. Outpatient care, treatment and services.;
- 26 D. Home support services; and
- 27 E. Residential treatment.

28 **Sec. 49. 24-A MRSA §4234-A, sub-§6,** as amended by PL 1995, c.
29 637, §6, is further amended to read:

30 **6. Coverage for treatment of mental illnesses.** Coverage
31 for medical treatment for mental illnesses ~~listed in paragraph A~~
32 is subject to this subsection.

- 33 A. All individual or group contracts must provide, at a
34 minimum, benefits according to paragraph B, ~~subparagraph (1)~~
35 for a person receiving medical treatment for ~~any of the~~
36 following mental illnesses illness as defined in subsection
37 3-A, paragraph J diagnosed by a licensed allopathic or
38 osteopathic physician or a licensed psychologist who is
39 trained and has received a doctorate in psychology
40 specializing in the evaluation and treatment of human

behavior, or an individual included in section 2744,
subsection 1.

(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 policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State ~~on or after July 1, 1996~~ must provide 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 contracts must provide benefits for the treatment and diagnosis of mental illnesses under terms and conditions that are ~~no less extensive than~~ equal to the benefits provided for medical treatment for physical illnesses.

(2) At the request of a reimbursing health maintenance 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 treatment for mental illness as for medical treatment for physical illness under the group contract.

(3) The benefits and coverage required under this section must be provided as one set of benefits, and coverage covering mental illness must have the same terms and conditions as the benefits and coverage for physical illness covered under the policy or contract, and may be delivered under a managed care system.

(4) A policy or contract may not have separate maximums for physical illness and mental illness,

2 separate deductibles and coinsurance amounts for
3 physical illness and mental illness, separate
4 out-of-pocket limits in a benefit period of not more
5 than 12 months for physical illness and mental illness
6 or separate office visitation limits for physical
7 illness and mental illness.

8 (5) A health benefit plan may not impose a limitation
9 on coverage or benefits for mental illness unless that
10 same limitation is also imposed on the coverage and
11 benefits for physical illnesses covered under the
12 policy or contract.

13 (6) Copayments required under a policy or contract for
14 benefits and coverage for mental illness must be
15 actuarially equivalent to any coinsurance requirements
16 or, if there are no coinsurance requirements, not
17 greater than any copayment required under the policy or
18 contract for a benefit or coverage for a physical
19 illness.

20 (7) A health benefit plan may not limit coverage for a
21 preexisting condition that is a mental illness.

22 (8) For the purposes of this section, medication
23 management visits associated with a mental illness must
24 be covered in the same manner as a medication
25 management visit for the treatment of a physical
26 illness and may not be counted in the calculation of
27 any maximum outpatient treatment visit limits.

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

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

36 **Sec. 50. 24-A MRSA §4234-A, sub-§7,** as amended by PL 1995, c.
37 637, §7, is repealed.

38 **Sec. 51. 24-A MRSA §4234-A, sub-§8,** as enacted by PL 1995, c.
39 407, §10, is amended to read:

40 **8. Contracts; providers.** Subject to approval by the
41 superintendent pursuant to section 4204, a health maintenance
42 organization incorporated under this chapter shall allow

2 providers, pursuant to section 2744, to contract, subject to the
3 health maintenance organization's credentialing policy, for the
4 provision of mental health services within the scope of the
5 provider's licensure and within the scope of this section and
6 including the providers covered under the terms of this section.

7 **Sec. 52. 24-A MRSA §4234-A, sub-§8-A**, as enacted by PL 1997,
8 c. 174, §1, is repealed.

9 **Sec. 53. 24-A MRSA §4234-A, sub-§9**, as enacted by PL 1995, c.
10 407, §10, is amended to read:

11 **9. Limits; coinsurance; deductibles.** A policy or contract
12 that provides coverage for the services required by this section
13 may contain provisions for maximum benefits and coinsurance and
14 reasonable limitations, deductibles and exclusions only to the
15 extent that these provisions--are--not--inconsistent--with--the
16 requirements--of--this--section maximum benefits and coinsurance and
17 reasonable limitations, deductibles and exclusions are equal to
18 those established for physical illness and conform with the
19 requirements of subsection 6.

20 **Sec. 54. 24-A MRSA §4234-A, sub-§12** is enacted to read:

21 **12. Transition.** The provisions of this section do not
22 limit the provision of specialized services for individuals with
23 mental illness who are covered by Medicaid, supersede the
24 provisions of federal law, federal or state Medicaid policy or
25 the terms and conditions imposed on any Medicaid waiver granted
26 to the State with respect to the provision of services to
27 individuals with mental illness, and affect any annual health
28 insurance plan until its date of renewal or any health insurance
29 plan governed by a collective bargaining agreement or employment
30 contract until the expiration of that contract.

36 SUMMARY

37 This bill:

38 1. Makes current statutory definitions consistent regarding
39 parity of coverage;

40 2. Includes licensed clinical professional counselors in
41 the definition of providers eligible to diagnose and treat mental
42 illness;

43 3. Expands the coverage of illness to include children's
44 disorders and adult disorders as defined in the Diagnostic and
45 Statistical Manual of Mental Disorders, as periodically revised;
46 and

2

4. Creates equality of coverage for mental illness and substance abuse with physical illness in all health benefit plans.