

MAINE STATE LEGISLATURE

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L.D. 1367

Date: 3/20/14 Majority

(Filing No. H-717)

INSURANCE AND FINANCIAL SERVICES

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STATE OF MAINE

HOUSE OF REPRESENTATIVES

126TH LEGISLATURE

SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 975, L.D. 1367, Bill, "An Act To Require Health Insurance Carriers and the MaineCare Program To Cover the Cost of Transition Services To Bridge the Gap between High School and Independence"

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

'An Act To Decrease Costs and Disability Due to Mental Illness in Children, Adolescents and Young Adults'

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

'Sec. 1. 22 MRSA §3174-XX is enacted to read:

§3174-XX. Mental and behavioral health services for children, adolescents and young adults

The department shall provide reimbursement under the MaineCare program for care coordination and assertive community treatment services for eligible persons who are 26 years of age or under who meet the criteria for a psychiatric diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, published by the American Psychiatric Association and experience significant impairment in function as determined by a licensed mental health provider. For the purposes of this section, "assertive community treatment services" means self-contained services with a fixed point of responsibility for providing treatment, counseling, vocational and educational rehabilitation and support services to eligible persons who are 26 years of age or under and their families for whom other community-based treatment approaches have been unsuccessful. In accordance with the assertive community treatment scale developed by Dartmouth College, assertive community treatment uses principles of care coordination, chronic illness management and evidence-based therapies to minimize fragmentation of care and maximize care coordination for persons whose symptoms of mental illness result in serious functioning difficulties in multiple areas of life, including family relationships, social relationships, education, employment, residential independence, medical health, substance abuse and psychotropic medication management. Assertive community

COMMITTEE AMENDMENT

1 treatment is provided by multidisciplinary teams who are on duty 24 hours per day, 7
2 days per week; a team includes a psychiatrist, a registered psychiatric nurse, licensed
3 clinical social workers, community support workers and vocational and educational
4 specialists and may include a peer recovery specialist or a substance abuse counselor.

5 **Sec. 2. 24-A MRSA §4320-I** is enacted to read:

6 **§4320-I. Mental and behavioral health services for children, adolescents and young**
7 **adults**

8 A carrier shall provide coverage for care coordination and assertive community
9 treatment services for eligible persons who are 26 years of age or under who meet the
10 criteria for a psychiatric diagnosis in the Diagnostic and Statistical Manual of Mental
11 Disorders, 5th edition, published by the American Psychiatric Association and experience
12 significant impairment in function as determined by a licensed mental health provider.
13 For the purposes of this section, "assertive community treatment services" means self-
14 contained services with a fixed point of responsibility for providing treatment,
15 counseling, vocational and educational rehabilitation and support services to eligible
16 persons who are 26 years of age or under and their families for whom other community-
17 based treatment approaches have been unsuccessful. In accordance with the assertive
18 community treatment scale developed by Dartmouth College, assertive community
19 treatment uses principles of care coordination, chronic illness management and evidence-
20 based therapies to minimize fragmentation of care and maximize care coordination for
21 persons whose symptoms of mental illness result in serious functioning difficulties in
22 multiple areas of life, including family relationships, social relationships, education,
23 employment, residential independence, medical health, substance abuse and psychotropic
24 medication management. Assertive community treatment is provided by
25 multidisciplinary teams who are on duty 24 hours per day, 7 days per week; a team
26 includes a psychiatrist, a registered psychiatric nurse, licensed clinical social workers,
27 community support workers and vocational and educational specialists and may include a
28 peer recovery specialist or a substance abuse counselor.

29 **Sec. 3. Transition services.** The Department of Health and Human Services shall
30 require each provider of mental and behavioral health services for children to establish or
31 participate in so-called bridge teams for the purpose of ensuring continuity of care for
32 students receiving mental and behavioral health services who graduate from high school.
33 The bridge teams shall conduct outreach and identify students prior to graduation who are
34 likely to be in need of mental and behavioral health services after graduation, develop
35 plans to meet those students' needs after graduation, facilitate access to services and
36 coordinate the continuance of care for those students after graduation. When developing
37 plans for students, the bridge teams shall focus on prevention, continuity of treatment and
38 avoidance of hospitalization.

39 **Sec. 4. Application.** That section of this Act that enacts the Maine Revised
40 Statutes, Title 24-A, section 4320-I applies to all policies, contracts and certificates
41 executed, delivered, issued for delivery, continued or renewed in this State on or after
42 January 1, 2015. For the purposes of Title 24-A, section 4320-I, all contracts are deemed
43 to be renewed no later than the next yearly anniversary of the contract date.'

SUMMARY

This amendment is the majority report of the committee and replaces the bill and changes the title. The amendment requires the MaineCare program and health insurance carriers to provide coverage for care coordination and assertive community treatment services for eligible persons who are 26 years of age or under who meet the criteria for a psychiatric diagnosis and experience significant impairment in function as determined by a licensed mental health provider. The amendment adds a definition of "assertive community treatment services." The requirements imposed on health insurance carriers apply to individual, group health and group health maintenance organization insurance policies, contracts and certificates issued or renewed on or after January 1, 2015. The amendment specifies the scope and length of coverage for eligible persons based on age rather than referring to persons who have graduated from high school as in the bill. The amendment also more specifically describes the types of services required to be covered.

The amendment also requires the Department of Health and Human Services to require providers of mental and behavioral health services for children to establish or participate in so-called bridge teams for the purpose of ensuring continuity of care for students receiving mental and behavioral health services who graduate from high school and are likely to be in need of such services following graduation.

FISCAL NOTE REQUIRED

(See attached)

**126th MAINE LEGISLATURE****LD 1367****LR 1550(02)****An Act To Require Health Insurance Carriers and the MaineCare Program To Cover the Cost of Transition Services To Bridge the Gap between High School and Independence****Fiscal Note for Bill as Amended by Committee Amendment "A" (H-717)**
Committee: Insurance and Financial Services**Fiscal Note Required: Yes**

Fiscal Note

	FY 2013-14	FY 2014-15	Projections FY 2015-16	Projections FY 2016-17
Net Cost (Savings)				
General Fund	\$0	\$0	\$82,300	\$88,884
Highway Fund	\$0	\$0	\$30,780	\$33,243
Appropriations/Allocations				
General Fund	\$0	\$0	\$82,300	\$88,884
Highway Fund	\$0	\$0	\$30,780	\$33,243

Fiscal Detail and Notes

Expanding required coverage for behavioral health services for eligible persons up to age 26 is estimated to have an overall cost to the State Employee Health Insurance Program of \$210,00 in 2015-16 based on an assumed cost of 0.1% of total claims. Of this total, the cost to General Fund programs is estimated to be \$82,300 in 2015-16 and \$88,884 in 2016-17. The impact on Highway Fund programs is estimated to be \$30,780 in 2015-16 and \$33,243 in 2016-17. Because of the effective date for plan years beginning on or after January 1, 2015, it is not assumed to have an impact in the current biennium given the State's current July through June plan year.

The fiscal impact of the amended bill on the Department of Health and Human Services' MaineCare program cannot be determined at this time. The department believes the age groups specified in the amendment are already being covered for these services under existing MaineCare policies. Any potential savings to MaineCare from shifting costs to private insurers cannot be determined at this time.