

MAINE STATE LEGISLATURE

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SAC 1
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Date: 4/5/22

L.D. 1910

(Filing No. H-924)

3 HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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5 STATE OF MAINE
6 HOUSE OF REPRESENTATIVES
7 130TH LEGISLATURE
8 SECOND REGULAR SESSION

9 COMMITTEE AMENDMENT "A" to H.P. 1416, L.D. 1910, "An Act To Improve
10 Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health
11 Treatment"

12 Amend the bill by striking out everything after the enacting clause and before the
13 emergency clause and inserting the following:

14 'Sec. 1. 24-A MRSA §2749-C, as amended by PL 2019, c. 5, Pt. D, §1, is further
15 amended by amending the section headnote to read:

16 ~~§2749-C. Mandated offer of coverage for certain mental illnesses~~ Mental health
17 services coverage

18 Sec. 2. 24-A MRSA §2749-C, sub-§1, ¶B, as amended by PL 2019, c. 5, Pt. D,
19 §1, is further amended by amending subparagraph (2) to read:

20 (2) At the request of a reimbursing insurer, a provider of medical treatment for
21 mental illness shall furnish data substantiating that initial or continued treatment is
22 medically necessary health care. When making the determination of whether
23 treatment is medically necessary health care, the provider shall use the same
24 criteria for medical treatment for mental illness as for medical treatment for
25 physical illness under the individual policy. An insurer may not deny treatment
26 for mental health services that use evidence-based practices and are determined to
27 be medically necessary health care for an individual 21 years of age or younger.
28 For the purposes of this subparagraph, "evidence-based practices" means clinically
29 sound and scientifically based policies, practices and programs that reflect expert
30 consensus on the prevention, treatment and recovery science, including, but not
31 limited to, policies, practices and programs published and disseminated by the
32 Substance Abuse and Mental Health Services Administration and the Title IV-E
33 Prevention Services Clearinghouse within the United States Department of Health
34 and Human Services, the What Works Clearinghouse within the United States
35 Department of Education, Institute of Education Sciences and the California

COMMITTEE AMENDMENT

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1 Evidence-Based Clearinghouse for Child Welfare within the California
2 Department of Social Services, Office of Child Abuse Prevention.

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

4 A-3. "Evidence-based practices" means clinically sound and scientifically based
5 policies, practices and programs that reflect expert consensus on the prevention,
6 treatment and recovery science, including, but not limited to, policies, practices and
7 programs published and disseminated by the Substance Abuse and Mental Health
8 Services Administration and the Title IV-E Prevention Services Clearinghouse within
9 the United States Department of Health and Human Services, the What Works
10 Clearinghouse within the United States Department of Education, Institute of
11 Education Sciences and the California Evidence-Based Clearinghouse for Child
12 Welfare within the California Department of Social Services, Office of Child Abuse
13 Prevention.

14 **Sec. 4. 24-A MRSA §2843, sub-§5-C, ¶B**, as amended by PL 2003, c. 20, Pt. VV,
15 §14 and affected by §25, is further amended by amending subparagraph (2) to read:

16 (2) At the request of a reimbursing insurer, a provider of medical treatment for
17 mental illness shall furnish data substantiating that initial or continued treatment is
18 medically necessary health care. When making the determination of whether
19 treatment is medically necessary health care, the provider shall use the same
20 criteria for medical treatment for mental illness as for medical treatment for
21 physical illness under the group contract. An insurer may not deny treatment for
22 mental health services that use evidence-based practices and are determined to be
23 medically necessary health care for an individual 21 years of age or younger.

24 **Sec. 5. 24-A MRSA §2843, sub-§5-C**, as amended by PL 2017, c. 407, Pt. A, §96,
25 is further amended by repealing the last blocked paragraph.

26 **Sec. 6. 24-A MRSA §2843, sub-§5-D**, as amended by PL 2003, c. 20, Pt. VV, §15
27 and affected by §25, is repealed.

28 **Sec. 7. 24-A MRSA §4234-A, sub-§3, ¶A-3** is enacted to read:

29 A-3. "Evidence-based practices" means clinically sound and scientifically based
30 policies, practices and programs that reflect expert consensus on the prevention,
31 treatment and recovery science, including, but not limited to, policies, practices and
32 programs published and disseminated by the Substance Abuse and Mental Health
33 Services Administration and the Title IV-E Prevention Services Clearinghouse within
34 the United States Department of Health and Human Services, the What Works
35 Clearinghouse within the United States Department of Education, Institute of
36 Education Sciences and the California Evidence-Based Clearinghouse for Child
37 Welfare within the California Department of Social Services, Office of Child Abuse
38 Prevention.

39 **Sec. 8. 24-A MRSA §4234-A, sub-§6, ¶B**, as amended by PL 2003, c. 20, Pt. VV,
40 §20 and affected by §25, is further amended by amending subparagraph (2) to read:

41 (2) At the request of a reimbursing health maintenance organization, a provider of
42 medical treatment for mental illness shall furnish data substantiating that initial or
43 continued treatment is medically necessary health care. When making the

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1 determination of whether treatment is medically necessary health care, the provider
2 shall use the same criteria for medical treatment for mental illness as for medical
3 treatment for physical illness under the group contract. An insurer may not deny
4 treatment for mental health services that use evidence-based practices and are
5 determined to be medically necessary health care for an individual 21 years of age
6 or younger.'

7 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
8 number to read consecutively.

9 **SUMMARY**

10 This amendment replaces the bill.

11 The amendment clarifies that health insurance carriers may not deny treatment for
12 mental health treatment services that use evidence-based practices and are determined to
13 be medically necessary health care for an individual 21 years of age or younger. The
14 amendment defines "evidence-based practices" as clinically sound and scientifically based
15 policies, practices and programs that reflect expert consensus on the prevention, treatment
16 and recovery science, including, but not limited to, policies, practices and programs
17 published and disseminated by the Substance Abuse and Mental Health Services
18 Administration and the Title IV-E Prevention Services Clearinghouse within the United
19 States Department of Health and Human Services, the What Works Clearinghouse within
20 the United States Department of Education, Institute of Education Sciences and the
21 California Evidence-Based Clearinghouse for Child Welfare within the California
22 Department of Social Services, Office of Child Abuse Prevention.

23 The amendment also makes technical changes to state law requirements related to
24 mental health parity to be consistent with federal law and regulations. Changes to the
25 mental health parity provisions were initially codified in state law in Public Law 2019,
26 chapter 5, Part D. The amendment makes further technical changes that were not included
27 at that time.

28 **FISCAL NOTE REQUIRED**

29 (See attached)



130th MAINE LEGISLATURE

LD 1910

LR 2244(02)

An Act To Improve Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment

Fiscal Note for Bill as Amended by Committee Amendment "A" (H-924)
Committee: Health Coverage, Insurance and Financial Services
Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - Other Special Revenue Funds

Fiscal Detail and Notes

Any additional costs to the Department of Professional and Financial Regulation are expected to be minor and can be absorbed within existing budgeted resources.