

MAINE STATE LEGISLATURE

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LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND FIFTEENTH LEGISLATURE

SECOND SPECIAL SESSION

December 12, 1991 to January 7, 1992

SECOND REGULAR SESSION

January 8, 1992 to March 31, 1992

THE GENERAL EFFECTIVE DATE FOR
SECOND REGULAR SESSION
NON-EMERGENCY LAWS IS
JUNE 30, 1992

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

J.S. McCarthy Company
Augusta, Maine
1992

PUBLIC LAWS
OF THE
STATE OF MAINE

AS PASSED AT THE
SECOND REGULAR SESSION

of the
ONE HUNDRED AND FIFTEENTH LEGISLATURE

1991

appointments shall serve until January 1995. Thereafter, Senate appointments must be made in January of each odd-numbered year. House appointments must be made in January of each even-numbered year.

The appropriate appointing authority shall appoint members to vacancies on the commission as they ~~shall~~ occur or upon expiration of terms. Any vacancy ~~shall~~ must be filled for the unexpired portion of the term in which such vacancy occurs.

Sec. 2. 1 MRSA §1016-C is enacted to read:

§1016-C. Reports by legislative candidates

A candidate, as defined in Title 21-A, section 1, subsection 5, for the Legislature who is not required to file a report under section 1016-A or 1016-B shall file a report containing the same information required of Legislators under sections 1016-A and 1016-B no later than 5 p.m. on the first Monday in August preceding the general election unless the candidate withdraws from the election in accordance with Title 21-A, section 374-A by that date.

Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved.

Effective April 9, 1992.

CHAPTER 881

H.P. 1064 - L.D. 1553

An Act to Provide Equitable Insurance Coverage for Mental Illness

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

Sec. 1. 24 MRSA §2325-A, sub-§5-B is enacted to read:

5-B. Coverage for certain mental illness treatment. Coverage for medical treatment for mental illnesses listed in paragraph A is subject to this subsection. Nothing in this subsection requires benefit levels or maximum lifetime or annual benefits for medical treatment for mental illness that exceed the benefit levels or maximum lifetime or annual benefits for other illnesses and diseases.

A. All group contracts must provide at a minimum benefits according to paragraph B, subparagraphs (1) to (3) for the usual, customary and reasonable charges for a person receiving medical treatment for:

- (1) Schizophrenia;
- (2) Bipolar disorder;
- (3) Pervasive developmental disorder, or autism;
- (4) Childhood schizophrenia;
- (5) Psychotic depression, or involuntional melancholia;
- (6) Paranoia;
- (7) Panic disorder;
- (8) Obsessive-compulsive disorder; or
- (9) Major depressive disorder.

B. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1993 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

- (1) The contracts must provide inpatient care benefits of at least 60 days per calendar year.
- (2) The contracts must provide outpatient care benefits of at least \$2,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 60% of the usual, customary and reasonable charge.
- (3) The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

C. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1994 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

- (1) The contracts must provide inpatient care benefits of at least 90 days per calendar year.
- (2) The contracts must provide outpatient care benefits of at least \$3,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 70% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

D. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1995 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

(1) The contracts must provide inpatient care benefits of at least 120 days per calendar year.

(2) The contracts must provide outpatient care benefits of at least \$4,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 80% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

E. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1996 must provide benefits equal to benefits provided for other illnesses and diseases. The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

Sec. 2. 24 MRSA §2325-A, sub-§9, as repealed and replaced by PL 1987, c. 480, §2, is amended to read:

9. Application; expiration. Except as otherwise provided, the requirements of this section shall apply to all policies and any certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 1984. For purposes of this section, all contracts shall be deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 3. 24-A MRSA §2843, sub-§5-B is enacted to read:

5-B. Coverage for certain mental illness treatment. Coverage for medical treatment for mental illnesses listed in paragraph A is subject to this subsection. Nothing in this subsection requires benefit levels or maximum lifetime or annual benefits for medical treatment for mental illness that exceed the benefit levels or maximum lifetime or annual benefits for other illnesses and diseases.

A. All group contracts must provide at a minimum benefits according to paragraph B, subparagraphs (1) to (3) for the usual, customary and rea-

sonable charges for a person receiving medical treatment for:

(1) Schizophrenia;

(2) Bipolar disorder;

(3) Pervasive developmental disorder, or autism;

(4) Childhood schizophrenia;

(5) Psychotic depression, or involuntal melancholia;

(6) Paranoia;

(7) Panic disorder;

(8) Obsessive-compulsive disorder; or

(9) Major depressive disorder.

B. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1993 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

(1) The contracts must provide inpatient care benefits of at least 60 days per calendar year.

(2) The contracts must provide outpatient care benefits of at least \$2,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 60% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

C. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1994 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

(1) The contracts must provide inpatient care benefits of at least 90 days per calendar year.

(2) The contracts must provide outpatient care benefits of at least \$3,000 for any combination of outpatient and day treatment care. The minimum level of benefits pro-

vided must be at least 70% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

D. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1995 must provide benefits that meet the requirements of this paragraph. For purposes of this paragraph, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

(1) The contracts must provide inpatient care benefits of at least 120 days per calendar year.

(2) The contracts must provide outpatient care benefits of at least \$4,000 for any combination of outpatient and day treatment care. The minimum level of benefits provided must be at least 80% of the usual, customary and reasonable charge.

(3) The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

E. All policies and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after July 1, 1996 must provide benefits equal to benefits provided for other illnesses and diseases. The contracts may not contain a maximum lifetime benefit for any mental illness listed in paragraph A.

Sec. 4. 24-A MRSA §2843, sub-§8, as repealed and replaced by PL 1987, c. 480, §6, is amended to read:

8. Application; expiration. ~~The~~ Except as otherwise provided, the requirements of this section shall apply to all policies and any certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 1984. For purposes of this section, all contracts ~~shall be~~ are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 5. Report on costs of mental illness benefits. On or before May 1, 1993, Blue Cross Blue Shield of Maine shall report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over banking and insurance matters on the cost of providing coverage for mental illnesses according to the requirements of this Act for employees of the State. The report must contain data on costs as derived from information applicable to the time period May 1, 1992 to March 31, 1993.

Sec. 6. Costs not funded. Notwithstanding the Maine Revised Statutes, Title 30-A, section 5684, any requirements of this Act that result in additional costs to local or county government are not state mandates subject to that section and the State is not required to fund those costs.

Sec. 7. Effective date. Section 5 of this Act takes effect July 1, 1992. Sections 1 to 4, 6 and 8 take effect July 1, 1993.

Sec. 8. Repeal. This Act is repealed July 1, 1993.

See title page for effective date, unless otherwise indicated.

CHAPTER 882

H.P. 1543 - L.D. 2176

An Act Concerning the Early Establishment of Counseling for Children in Foster Care

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

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

§3174-K. Counseling for certain children

By October 1, 1992, the department shall adopt rules to provide Medicaid coverage for crisis counseling for children up to 21 years of age who are in crisis as a result of their removal or imminent removal from their parents' homes. The rules must allow the counseling to be provided by licensed clinical social workers.

Sec. 2. 22 MRSA §4063-B is enacted to read:

§4063-B. Establishment of early counseling

Whenever a child is ordered into the custody of the department under this chapter and the child is not expected to be returned to the home within 21 days, the department shall obtain counseling for the child as soon as possible, unless the department finds that counseling is not indicated.

Sec. 3. Funding. The Department of Human Services must purchase counseling services for children who are removed from their homes within available resources if such services are not readily available through covered Medicaid services.

Sec. 4. Effective date. Section 2 of this Act takes effect October 1, 1992.

See title page for effective date, unless otherwise indicated.