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Date: (Filing No. H- )

**HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
130TH LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 1416, L.D. 1910, “An Act To Improve Children’s Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment”

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

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

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

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

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

**COMMITTEE AMENDMENT**

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

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)