

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-TWO

—
H.P. 1416 - L.D. 1910

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

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, the COVID-19 pandemic has exacerbated the need for mental health treatment, especially among young people in the State; and

Whereas, in response to COVID-19 and on an ongoing basis, it is important for young people in the State to have access to mental health treatment that uses evidence-based practices; and

Whereas, health insurance carriers are denying to children mental health treatment that uses evidence-based practices, such as multisystemic treatments; and

Whereas, the purpose of this legislation is to ensure that health insurance carriers provide coverage for mental health treatment that uses evidence-based practices; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

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

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

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

A-3. "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 Evidence-Based Clearinghouse for Child Welfare within the California Department of Social Services, Office of Child Abuse Prevention.

Sec. 4. 24-A MRSA §2843, sub-§5-C, ¶B, as amended by PL 2003, c. 20, Pt. VV, §14 and affected by §25, 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 group contract. 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.

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

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 VV, §15 and affected by §25, is repealed.

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

A-3. "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 Evidence-Based Clearinghouse for Child Welfare within the California Department of Social Services, Office of Child Abuse Prevention.

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

(2) At the request of a reimbursing health maintenance organization, 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 group contract. 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.

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