

DRAFT PROPOSED AMENDMENT TO LD 1196
BASED ON STAKEHOLDER GROUP RECOMMENDATIONS
AND PRESENTATION TO HCIFS ON 1/25/22

PROPOSED DRAFT COMMITTEE AMENDMENT ". TO LD 1196, An Act Regarding
Targets for Health Plan Investments in Primary Care and Behavioral Health

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

PART A

Sec. A-1. 24-A MRSA §6903, sub-§1-A is enacted to read:

1-A. Behavioral health care. "Behavioral health care" means services, to address mental health and substance use conditions, health behaviors, life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization, provided by licensed healthcare practitioners providing services within their scope of practice, regardless of practice setting.

Sec. A-2. 24-A MRSA §6951, sub-§13 is enacted to read:

13. Behavioral health care reporting. Beginning January 15, 2023 and annually thereafter, the forum shall submit to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters a report on behavioral health care spending using claims data from the Maine Health Data Organization and information on the methods used to reimburse behavioral health care providers requested annually from payors, as defined in Title 22, section 8702, subsection 8. The report must include:

- A. Of their respective total medical expenditures, the percentage paid for behavioral health care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust and the average percentage of total medical expenditures paid for behavioral health care across all payors; and

- B. The methods used by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust to pay for behavioral health care.

Sec. A-3. Maine Quality Forum to conduct health spending reporting study. The Maine Quality Forum, established in the Maine Revised Statutes, Title 24-A, section 6951, shall consult with other state and national agencies and organizations to determine the best practices for reporting spending on behavioral health care services by insurers. For purposes of this section, "behavioral health care" means

PART B

Sec. B-1. 24-A MRSA §4301-A, sub-§2-A is enacted to read:

2-A. Behavioral health care services. "Behavioral health care services" means services, to address mental health and substance use conditions, health behaviors, life stressors and crises, stress-related

physical symptoms, and ineffective patterns of health care utilization, provided by licensed healthcare practitioners providing services within their scope of practice, regardless of practice setting.

Sec. B-2. 24-A MRSA §4303, sub-§2, paragraph A is amended to read:

2. Credentialing. The credentialing of providers by a carrier is governed by this subsection.

A. The granting of credentials must be based on objective standards that are available to providers upon application for credentialing. A carrier shall consult with appropriately qualified health care professionals in developing its credentialing standards. A carrier may not use a credentialing process for a provider of behavioral health care services, or a provider that integrates primary care services with behavioral health care services, that is separate from or more restrictive than the credentialing process used for any other provider.

Sec. B-3. 24-A MRSA §4303, sub-§2-B is enacted to read:

2-B. Prohibition on carve-out for payment for behavioral health care. A carrier may not use a process for submitting a claim for payment for a provider of behavioral health care services, or a provider that integrates primary care services with behavioral health care services, that is separate from or more restrictive than the process used for any other provider.

PART C

Sec. C-1. 22 MRSA §3187-A is enacted to read:

§3187-A. Prohibition on carve-out for behavioral health care services

1. Behavioral health care services defined. For the purposes of this section, "behavioral health care services" means services, to address mental health and substance use conditions, health behaviors, life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization, provided by licensed healthcare practitioners providing services within their scope of practice, regardless of practice setting.

2. Licensing of primary care provider. The department may not require under the MaineCare program that a provider that integrates primary care services with behavioral health care services to obtain a separate license or authorization as a provider of behavioral health care services as a condition of reimbursement under the MaineCare program.

3. Credentialing process. The department may not require under the MaineCare program the use a credentialing process for a provider of behavioral health care services, or a provider that integrates primary care services with behavioral health care services, that is separate than the credentialing process used for any other provider.

4. Billing process. The department may not require under the MaineCare program a process for submitting a claim for payment for a provider of behavioral health care services, or a provider that integrates primary care services with behavioral health care services, that is separate than the process used for any other provider.

Sec. C-2. Department of Health and Human Services to complete review of reimbursement rates for behavioral care services. That, no later than December 31, 2022, the Department of Health and Human Services shall complete its review of reimbursement rates under MaineCare for behavioral health services. The department shall submit the completed review to the joint standing committees of the Legislature having jurisdiction over health and human services matters. The joint standing committees of the Legislature having jurisdiction over health and human services matters Legislature may submit legislation to the First Regular Session of the 131st Legislature based on the department's review.

SUMMARY

This amendment replaces the bill. The amendment implements certain recommendations of a stakeholder group established to discuss issues raised by the original bill.

Under current law, the Maine Quality Forum has been required to submit an annual report on primary care spending began in 2020. Part A of the amendment requires the Maine Quality Forum to submit an annual report, beginning January 15, 2023, for behavioral health care spending based on claims data reported to the Maine Health Data Organization and information on methods of reimbursement reported by insurers.

Part B of the amendment prohibits health insurance carriers from carving out separate or more restrictive credentialing or billing processes for providers of behavioral health care services or providers that integrate primary care services with behavioral health care services.

Part C of the amendment prohibits the Department of Health and Human Services from carving out separate credentialing or billing processes for providers of behavioral health care services or providers that integrate primary care services with behavioral health care services under the MaineCare program. The department is also prohibited from requiring that a provider that integrates primary care services with behavioral health care services obtain a separate license or authorization as a provider of behavioral health care services as a condition of reimbursement under the MaineCare program. Part C also requires the department to complete its review of the reimbursement rates under MaineCare for behavioral health services no later than December 31, 2022.