

MAINE STATE LEGISLATURE

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every day. This bill was brought actually in the last session, after we experienced the tragedies that occurred in Newtown. It made me think about how vulnerable our young adults are to mental illness. This bill addresses the issues that children face, adolescents moving into adulthood. It comes at a time when individuals are at the highest risk for first onset schizophrenia and bipolar disease. It comes at a time when we should not be cutting kids off. We should be paying attention and helping them on their path towards adulthood. Often, individuals fall off a cliff when they graduate from high school and there are no supports, again, at the most vulnerable time for them, particularly if they have mental illness. This bill would allow a bridge, a bridge to adulthood, and it would do that by providing a cost-effective, assertive community treatment plan that is well proven and cost effective. I have three sons, 24, 22 and 15, and I pray that not any of them will ever experience bipolar disease or schizophrenia, but they could, and many of you in this chamber have been touched by brothers, sisters, sons, daughters, even parents, who have struggled with mental illness. This bill will make a huge difference for the people who are affected by mental illness and it will help us all. I thank you, Mr. Speaker.

The SPEAKER: The Chair recognizes the Representative from Windham, Representative Pringle.

Representative PRINGLE: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. I rise in support of LD 1367. I would like to read you the revised title of this bill which came out of the Committee Amendment "A." It's "An Act To Decrease Costs and Disability Due to Mental Illness in Children, Adolescents and Young Adults." I believe everyone in this chamber is working to reduce the cost of state government. As Willie Sutton said, when asked why he robbed banks, "That's where the money is." Many are aware that, within MaineCare, 5 percent of the members account for more than 50 percent of the costs. A large portion of these high cost members are young people with severe mental illness. The good news is that there are now proven programs to identify young people at risk for developing serious mental illness, and once you identify them, there are effective treatments that can prevent progression of disease, prevent hospitalization and prevent disability. The bad news is that current insurance, both private and public, do not pay for this specific intervention of assertive community treatment and behavioral interventions.

Our committee struggled with a number of mandate bills this year. It's very hard to insist. You'd like to think that all insurance companies would work with their medical directors to be aware of current research and say, "Wow, look at this. We now have treatments that will work. We ought to pay for this treatment because it will save us money down the road." We have an outstanding child psychiatrist here in the state, Dr. Doug Robbins, who is a constituent of Representative Graham's, who has been a mover behind this because he has been a researcher in this area and has seen the outcomes. He and his fellow researchers around the country have said, "You know what? We don't need to do any more research. We just need to get this implemented because it saves lives; it prevents young people from going down the path to serious mental illness." There's a lot of data that shows the cost effectiveness, the cost of this assertive community treatment which is well standardized and measured through Dartmouth University and can be held as a standard by an insurance company as it looks to whether to pay for these treatments. The reduction in psychiatric hospitalizations is significant, so the cost of the treatment by the community team can be between \$2,500 and \$4,000, whereas the cost of a psychiatric hospitalization is \$20,000. If we look at these high-cost utilizers, the average cost of care for a member of

MaineCare is around \$4,400, but for these high-cost utilizers, it can be as much as \$77,000 to \$80,000 a year. So I strongly encourage us to vote to pass this mandate, which would require both MaineCare and private insurers to pay for this intervention that recognizes the warning signs and intervenes to prevent progression, because I believe it is essential to our getting out of the hole that we're in with both wait times in psychiatric admissions and the incredible expense that we pay as a state for service to patients whom we could prevent from needing this level of care. Thank you.

The SPEAKER: A roll call has been ordered. The pending question before the House is Acceptance of the Majority Ought to Pass as Amended Report. All those in favor will vote yes, those opposed will vote no.

ROLL CALL NO. 557

YEA - Beaudoin, Beavers, Beck, Berry, Bolduc, Briggs, Brooks, Campbell J, Carey, Casavant, Cassidy, Chapman, Cherie, Chipman, Cooper, Daughtry, DeChant, Devin, Dickerson, Dill, Dion, Dorney, Evangelos, Farnsworth, Fowle, Frey, Gattine, Gideon, Gilbert, Graham, Grant, Hamann, Harlow, Hayes, Herbig, Hobbins, Hubbell, Jones, Jorgensen, Kaenrath, Kent, Kornfield, Kruger, Kumioga, Kusiak, Lajoie, Libby N, Longstaff, Luchini, MacDonald W, Marks, Mason, Mastraccio, McCabe, McGowan, McLean, Monaghan-Derrig, Moonen, Moriarty, Morrison, Nadeau C, Noon, Peoples, Peterson, Plante, Pouliot, Priest, Pringle, Rankin, Rochelo, Rotundo, Russell, Rykerson, Sanborn, Saucier, Saxton, Schneck, Shaw, Short, Stanley, Stuckey, Theriault, Tipping-Spitz, Treat, Verow, Villa, Welsh, Werts, Winchenbach, Mr. Speaker.

NAY - Ayotte, Beaulieu, Bennett, Black, Chase, Clark, Cotta, Crafts, Cray, Davis, Doak, Dunphy, Espling, Fitzpatrick, Fredette, Gifford, Gillway, Guerin, Harvell, Johnson P, Keschl, Kinney, Knight, Lockman, Long, MacDonald S, Maker, Marean, McClellan, McElwee, Nadeau A, Newendyke, Nutting, Parry, Peavey Haskell, Reed, Sanderson, Sirocki, Timberlake, Turner, Tyler, Volk, Wallace, Weaver, Willette, Wilson, Winsor, Wood.

ABSENT - Boland, Campbell R, Crockett, Duprey, Goode, Hickman, Jackson, Johnson D, Libby A, Malaby, Nelson, Pease, Powers.

Yes, 90; No, 48; Absent, 13; Excused, 0.

90 having voted in the affirmative and 48 voted in the negative, with 13 being absent, and accordingly the Majority Ought to Pass as Amended Report was ACCEPTED.

The Bill was READ ONCE. Committee Amendment "A" (H-717) was READ by the Clerk and ADOPTED.

Under suspension of the rules the Bill was given its SECOND READING WITHOUT REFERENCE to the Committee on Bills in the Second Reading.

Under further suspension of the rules the Bill was PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-717) and sent for concurrence.

Under suspension of the rules, members were allowed to remove their jackets.

The Chair laid before the House the following item which was TABLED earlier in today's session:

HOUSE DIVIDED REPORT - Majority (12) Ought to Pass as Amended by Committee Amendment "A" (H-713) - Minority (1) Ought to Pass as Amended by Committee Amendment "B" (H-714) - Committee on HEALTH AND HUMAN SERVICES on Bill "An Act To Amend the Maine Medical Use of Marijuana Act" (H.P. 1245) (L.D. 1739)

Which was **TABLED** by Representative McCABE of Skowhegan pending the motion of Representative FARNSWORTH of Portland to **ACCEPT** the Majority **Ought to Pass as Amended** Report.

Subsequently, the Majority **Ought to Pass as Amended** Report was **ACCEPTED**.

The Bill was **READ ONCE**. **Committee Amendment "A" (H-713)** was **READ** by the Clerk.

Representative SANDERSON of Chelsea **PRESENTED House Amendment "A" (H-732) to Committee Amendment "A" (H-713)**, which was **READ** by the Clerk.

The **SPEAKER**: The Chair recognizes the Representative from Chelsea, Representative Sanderson.

Representative **SANDERSON**: Thank you, Mr. Speaker. Mr. Speaker, Ladies and Gentlemen of the House. This amendment corrects a conflict between criminal law and the medical marijuana law, right now, because there is a conflict on what the bill was trying to do under the direction of the Department of Licensing and Regulatory Services, as well as the sponsor of this. We have put an amendment in, in order to help take that conflict away, and I hope you will support this amendment. Thank you.

The **SPEAKER**: The Chair recognizes the Representative from Portland, Representative Dion.

Representative **DION**: Good morning, Mr. Speaker. I rise in support of this amendment. I welcome and appreciate the work by the Representative from Chelsea. She has worked in the last few days with members of the administration, myself, to try to resolve this significant conflict. A few words can derail the best intentions, and I'm satisfied now that we've put forward the best possible statutory solution available to us at this time and I welcome her amendment.

Subsequently, **House Amendment "A" (H-732) to Committee Amendment "A" (H-713)** was **ADOPTED**.

Committee Amendment "A" (H-713) as Amended by House Amendment "A" (H-732) thereto was **ADOPTED**.

Under suspension of the rules the Bill was given its **SECOND READING WITHOUT REFERENCE** to the Committee on **Bills in the Second Reading**.

Under further suspension of the rules the Bill was **PASSED TO BE ENGROSSED as Amended by Committee Amendment "A" (H-713) as Amended by House Amendment "A" (H-732)** thereto and sent for concurrence.

Majority Report of the Committee on **INSURANCE AND FINANCIAL SERVICES** reporting **Ought to Pass as Amended by Committee Amendment "A" (H-718)** on Bill "An Act To Strengthen Access Requirements and Review Standards for Health Insurance Plans"

(H.P. 1199) (L.D. 1676)

Signed:

Senator:

GRATWICK of Penobscot

Representatives:

TREAT of Hallowell

BEAUDOIN of Biddeford

BECK of Waterville

COOPER of Yarmouth

MORRISON of South Portland

PRINGLE of Windham

Minority Report of the same Committee reporting **Ought to Pass as Amended by Committee Amendment "B" (H-719)** on same Bill.

Signed:

Senators:

WHITTEMORE of Somerset

WOODBURY of Cumberland

Representatives:

FITZPATRICK of Houlton

McCLELLAN of Raymond

WALLACE of Dexter

READ.

Representative TREAT of Hallowell moved that the House **ACCEPT** the Majority **Ought to Pass as Amended** Report.

The **SPEAKER**: The Chair recognizes the Representative from Hallowell, Representative Treat.

Representative **TREAT**: Thank you, Mr. Speaker. Mr. Speaker, Men and Women of the House. Just to explain what this bill is about and what it does, this legislation addresses the situation of the narrow networks where we've had a number of policies offered by one insurance company on the exchange that have excluded quite a large number of our leading hospitals in the State of Maine. Two different bills came to the Insurance and Financial Services Committee, and the report before you is the Majority Ought to Pass Report, which does two major things. One is that it does what we call kind of a black box warning to consumers to let them know that they are considering to purchase a plan that does, in fact, exclude various providers, and that, in fact, they might not even be able to go to those providers and get even partial coverage for their bills. I noticed in our Sunday newspaper, the *Kennebec Journal*, there were some almost full-page ads by this particular insurer touting their insurance plan. What this first part of the Majority Report would do, would require those marketing materials to actually have information on them informing consumers that the plan being offered did, in fact, exclude a number of providers. The second piece of the bill, and this is what's different from the Majority Ought to Pass and the Minority Ought to Pass, the second piece of the bill would address concerns of those providers that have been excluded, namely a number of large hospitals in the State of Maine, and what it would do is if those hospitals were excluded from an insurance plan and the hospitals went to the insurers and said, "We want to know why and does it have to do with anything that we've done wrong, in terms of our cost effectiveness, in terms of our performance," the insurer would be required to provide a written explanation to that hospital stating whether or not that was the case. We hope that you will accept this Majority Report. I think that it does address both the consumer point of view as well as the hospital point of view in the narrow network situation. Thank you.

Representative FREDETTE of Newport **REQUESTED** a roll call on the motion to **ACCEPT** the Majority **Ought to Pass as Amended** Report.

More than one-fifth of the members present expressed a desire for a roll call which was ordered.

The **SPEAKER**: The Chair recognizes the Representative from York, Representative McGOWAN.

Representative **McGOWAN**: Thank you, Mr. Speaker. Mr. Speaker, Women and Men of the House. I sponsored this bill because the York Hospital Health Care System was excluded from this health insurance product. They were given no reason for this exclusion. They were told it was not due to cost or quality. I'm sure many of you are aware that we are the only