

STATE OF MAINE

IN THE YEAR OF OUR LORD  
TWO THOUSAND TWENTY-FIVE

S.P. 540 - L.D. 1310

**An Act to Amend the Laws Governing Insurance Coverage of Preventive and Primary Health Services**

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

**Sec. 1. 24-A MRSA §4320-A, sub-§3-B**, as enacted by PL 2021, c. 638, §3, is amended to read:

**3-B. Parity in cost sharing for primary care and behavioral health office visits; group health plan.** A group health plan, other than a small group health plan subject to subsection 3-A, with an effective date on or after January 1, 2023 must provide coverage without cost sharing for the first primary care office visit and first behavioral health office visit in each plan year. After the first behavioral health office visit, a health plan may not apply a copayment amount to a behavioral health office visit that is greater than the copayment for a primary care office visit. For the purposes of this subsection, “behavioral health office visit” means an office visit to address mental health and substance use conditions. This subsection does not apply to a plan offered for use with a health savings account unless the federal Internal Revenue Service determines that the benefits required by this section are permissible benefits in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2) or to a health plan that has no deductible, no coinsurance and out-of-pocket limits that meet the applicable federal requirements. The superintendent may adopt rules as necessary to address the coordination of the requirements of this subsection for coverage without cost sharing for the first primary care visit and the requirements of this section with respect to coverage of an annual well visit. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.