



# 132nd MAINE LEGISLATURE

## FIRST REGULAR SESSION-2025

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Legislative Document

No. 910

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S.P. 400

In Senate, March 11, 2025

### **An Act to Collect Data to Better Understand the Consumer's Health Insurance Experience**

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Received by the Secretary of the Senate on March 5, 2025. Referred to the Committee on Health Coverage, Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed.

A handwritten signature in black ink, appearing to read 'D M Grant'.

DAREK M. GRANT  
Secretary of the Senate

Presented by Senator TEPLER of Sagadahoc.  
Cosponsored by Representative ARFORD of Brunswick and  
Senator: BAILEY of York, Representatives: CLUCHEY of Bowdoinham, MASTRACCIO of  
Sanford.

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

2 **Sec. 1. 24-A MRSA §4302, sub-§7** is enacted to read:

3 **7. Claim and prior authorization denial reporting.** Beginning in 2026, a carrier  
4 shall provide a quarterly report to the superintendent that identifies the number of claims  
5 for that quarter that were denied and the number of claims for that quarter for which prior  
6 authorization was denied, regardless of whether the claim or the prior authorization was  
7 approved at a later date. The quarterly report must also list the 5 most common reasons for  
8 a claim denial and the 5 most common reasons for a prior authorization denial, in  
9 decreasing order of occurrence.

10 By January 31st of each year, the superintendent shall submit a report on the information  
11 collected under this subsection to the joint standing committee of the Legislature having  
12 jurisdiction over health coverage, insurance and financial services matters. In addition to  
13 the information provided by carriers under this subsection, the annual report must also  
14 include information provided to the superintendent by the United States Department of  
15 Health and Human Services regarding claim and prior authorization denials under the  
16 federal Affordable Care Act. The committee is authorized to submit legislation related to  
17 the annual report to the session of the Legislature in which the annual report is received.

18 **SUMMARY**

19 This bill requires a health insurance carrier, beginning in 2026, to provide a quarterly  
20 report to the Superintendent of Insurance that identifies the number of claims for that  
21 quarter that were denied, the number of claims for that quarter for which prior authorization  
22 was denied, the 5 most common reasons for a claim denial and the 5 most common reasons  
23 for a prior authorization denial. The superintendent is required to submit an annual report  
24 on that information as well as information provided to the superintendent by the United  
25 States Department of Health and Human Services regarding claim and prior authorization  
26 denials under the federal Affordable Care Act to the joint standing committee of the  
27 Legislature having jurisdiction over health coverage, insurance and financial services  
28 matters. The committee is authorized to submit legislation related to the annual report to  
29 the session of the Legislature in which the annual report is received.