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Testimony in Support of LD 910
An Act to Collect Data to Better Understand the Consumer's Health Insurance
Experience
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Senator Bailey, Representative Mathieson and members of the Health Coverage, Insurance and Financial Services Committee. I am Ann Woloson, Executive Director at Consumers for Affordable Health Care (CAHC). I am here today to testify in support of LD 910, An Act To Collect Data to Better Understand the Consumer's Health Insurance Experience.

CHAC is designated as Maine's Health Insurance Consumer Assistance Program. Our toll-free Consumer Assistance HelpLine fielded nearly 7,300 calls and emails last year from people needing help finding, understanding, and enrolling in insurance coverage, appealing a denied claim for coverage, or with accessing affordable health care services.

LD 910 would require health insurance carriers to provide quarterly reports to the Superintendent of Insurance with data regarding the number of claims denied, the number of claims for which prior authorization was denied, the five most common reasons for a claim denial and the most common reasons for prior authorization denials. The superintendent would be required to submit an annual report regarding the information, as well as information provided by the United States Department of Health and Human Services regarding claim and prior authorization denials under the federal Affordable Care Act to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters. The committee would be authorized to submit legislation related to the annual report.

We believe this bill would provide information that could lead to a better understanding of how often and why claims for health coverage are denied and provide policy makers with an opportunity to address erroneous denials. Kaiser Family Foundation recently released a report¹ (Published Jan 27, 2025) on Marketplace plan claim denials and appeals (related to coverage purchased on the federal platform, HealthCare.gov) that found:

¹ Claims Denials and Appeals in ACA Marketplace Plans in 2023 | KFF

- Insurers denied 19% of in-network claims in 2023 and 37% of out-of-network claims for a combined average of 20% of all claims.
- The most common in-network claims denial reason cited by insurers was "Other" (34%), followed by administrative reasons (18%), excluded service (16%), and lack of prior authorization or referral (9%).
- Only 6% of denials were based on lack of medical necessity.

The report also revealed that consumers rarely appeal denied claims, noting that fewer than 1% of denied claims were actually appealed.

Again, the Kaiser data only reflets information gathered from carriers in states that use the federal exchange. It would be helpful to have similar data reflecting what is happening in Maine.

CAHC does hear from Mainers who reach out to our HelpLine after an insurance claim has been denied, often for uncertain or unspecified reasons. We recently released our health care affordability and medical debt survey data that revealed more than a quarter of Mainers with commercial insurance have had a claim denied and that nearly half of Maine households have taken on medical debt in the past two years.² Appealing a denied claim takes time, expertise and resources most Mainers just don't have the capacity to take on.

We believe that as coverage becomes more expensive, including increased cost sharing in the form of higher deductibles, coinsurance and copays, that erroneous claim denials could push even more Mainers into debt. This bill will help provide more detail into why claims are being denied which will help policymakers develop proposals to protect consumers from erroneous claim denials in the future.

Thanks for listening to me to today and for supporting LD 910.

² 2025 Report of Findings from a Survey of Maine Voters.pdf - Google Drive