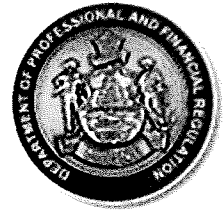




STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
BUREAU OF INSURANCE



Janet T. Mills  
Governor

Anne L. Head  
DPFR Commissioner

Timothy N. Schott  
Acting Superintendent

March 28, 2023

Senator Donna Bailey, Chair  
Representative Anne Perry, Chair  
Joint Standing Committee on Health Coverage, Insurance and Financial Services  
100 State House Station  
Augusta, ME 04333-0100

Re: L.D. 0663, An Act to Require Health Insurance Coverage for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome

Dear Senator Bailey, Representative Perry, and Members of the Committee:

The Bureau of Insurance takes no position on L.D. 0663. This bill would require carriers offering health plans in the State to provide coverage for treatment of childhood autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome. The requirements of the bill apply to health plans issued or renewed on or after January 1, 2024.

Title 24-A M.R.S. § 2752 requires a review and evaluation of a mandated benefit proposal by the Bureau of Insurance before the bill may be enacted. These reviews include an evaluation of the financial impact, social impact and medical efficacy of the mandate. The 129<sup>th</sup> Legislature considered a similar bill L.D. 1138 and directed the Bureau of Insurance to conduct a mandate study on this topic. The Bureau report is posted to our [website](#). Because a report has been completed recently for a similar bill, this requirement could be considered to have been met.

Beginning in 2014, states were required to defray the costs of all mandates that are included in Qualified Health Plans, unless those mandates are required as part of the essential benefit package. The Affordable Care Act (ACA) directs states to make payments either to the individual enrollee or to the insurer.<sup>1</sup> Generally, any mandate adopted by a state after December 31, 2011 is subject to the requirement for the state to defray the additional premium cost of that mandate, unless it is an extension of an existing mandate, a provider mandate or a cost-sharing requirement.

I hope this information is useful to the Committee. Please let me know if I can provide any further assistance.

Sincerely,

Timothy N. Schott  
Acting Superintendent

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