

MAINE ASSOCIATION
OF
HEALTH PLANS

Testimony of Dan Demeritt – March 28, 2023
Joint Standing Committee on Health Coverage, Insurance and Financial Services

In Opposition to

LD 663: An Act to Require Health Insurance Coverage for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome

Senator Bailey, Representative Perry, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

My name is Dan Demeritt. I am the Executive Director of the Maine Association of Health Plans (MeAHP). Our member plans include Anthem Blue Cross and Blue Shield, Cigna, CVS / Aetna, Community Health Options, Harvard Pilgrim Health Care, and United Health Care. They provide or administer health insurance coverage to about 600,000 Maine people.

Our mission as an association is to improve the health of Maine people by promoting affordable, safe, and coordinated healthcare. My testimony represents the majority position of our Board.

LD 663 would create new mandated health insurance coverage in Maine for treatment of Childhood Postinfectious Neuroimmune Disorders Including Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (PANDAS/PANS).

Mandates have increased healthcare premiums by 12.64% for groups of 20 or fewer consumers since 1975 according to the Bureau of Insurance's latest report on the cumulative impacts of mandates in 2020.

Mandates can also trigger a defrayal obligation for Maine's taxpayers if the new coverage exceeds Maine's Essential Health Benefits (EHB) Package. EHBs are required by the Affordable Care Act and codified into Maine Law.¹ The fertility mandate that begins with the 2024 plan year is estimated to result in a \$7.6 million defrayal obligation over the next biennium.

The provision of state law requiring the Bureau to review and evaluate a mandate proposal is a crucial step in improving our understanding of the social impact, financial impact, and medical efficacy of proposed new mandated coverage.

¹ <https://legislature.maine.gov/statutes/24-A/title24-Asec4320-D.html>

We learned a great deal in 2020 when the Bureau presented a mandate report on LD 1138, a proposal from the 129th Legislature almost identical to the bill before you today.

In its discussion on coverage availability, the Bureau found that insurance coverage exists for many treatments for PANDAS/PANS including normal durations of antibiotics, corticosteroids, and psychopharmacological interventions. The report also assumed coverage for psychological therapy as an EHB.

The bureau reported that intravenous IVIG and plasmapheresis are not typically covered for PANDAS/PANS patients as they are considered experimental.²

The experiential nature of these treatments was brought up later by the bureau in its analysis of the medical efficacy of the proposed mandate.

The bureau noted, “. . .the 2018 American Academy of Pediatrics Redbook discourages ‘antimicrobial treatment or prophylaxis, IVIG, or plasmapheresis for children with symptoms suggestive of [PANDAS/PANS],’ **hence this mandate may step outside the role of insurance by requiring carriers to reimburse providers for treatments which have not been shown to be medically necessary or to improve symptoms.**”³

The 2021-2024 American Academy of Pediatrics Redbook continues to find insufficient evidence for these treatments.

The Bureau’s 2020 report estimated the cost of mandating coverage for PANDAS/PANS to be between \$105,000 and \$1,013,000 with four of the five carriers responding to the Bureau’s inquiry finding that the bill would expand coverage beyond Maine’s EHB package.

With coverage already in place for non-experimental treatments and questions and higher costs tied to the experimental treatments, we urge a vote of ought not to pass.

Thank you.

² https://www.maine.gov/pfr/sites/main.gov.pfr/files/inline-files/LD1138_panda_2.pdf, pg. 11

³ https://www.maine.gov/pfr/sites/main.gov.pfr/files/inline-files/LD1138_panda_2.pdf, pg. 14-15 (*emphasis added*).