

MAINE ASSOCIATION
OF
HEALTH PLANS

Testimony of Dan Demeritt
Joint Standing Committee on Health Coverage, Insurance, and Financial Services

In Opposition to LD 444

An Act to Designate First Responders and Other Public Safety Professionals as a Special Risk Population for the Purposes of Improving Insurance Coverage for the Effects of Trauma

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 provide or administer health insurance for 600,000 Mainers. We work as an association to improve the health of Maine people by promoting affordable, safe, and coordinated healthcare.

Proponents of LD 444 seek to establish a population health program and provide resources to address the special health risks associated with serving as a first responder or other public safety professional.

Limits of Title 24-A – Taxing a Few and Leaving Many Behind

No matter how well-intended, it is not possible to create a comprehensive population health program within the narrow confines of Maine's insurance code.

Title 24-A regulates Maine's individual, small, and large group markets – approximately 295,000 enrollees out of 1.4 million people in Maine.¹ First responders, including volunteers, who rely on MaineCare, Medicare, or a self-insured employer for their health insurance would not be covered by this legislation.

Moreover, the only means of funding a population health program in Title 24-A is to shift coverage costs onto premium-paying businesses and Maine families. Because we all benefit from

¹ 2022 Financial Results for Health Insurance Companies in Maine:
https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/Rule945_Report_Charts_Graphs.pdf

the protection of fire, police, and other emergency services, the cost should be borne by all taxpayers or the manufacturers profiting from the sale of hazardous materials.

Workers Compensation and Employing Agencies

Workers' compensation provides benefits to employees who suffer injuries on the job, including illnesses presumed to be related to their work. I have included the Cancer Presumption for Firefighters section of the Maine Workers' Compensation Board's rules with my testimony.²

Establishing a population health program aimed at addressing special risks of first responders should also consider greater coordination with workers compensation coverage and requiring public agencies employing first responders to directly provide for necessary screening.

Special Populations and Network Adequacy

The "Industry Recognized Health and Wellness Provider" definition in Section 1(C) of the bill creates a specific health care provider specialization via statute and grants responsibility for credentialing to law enforcement professional organizations.

Insurers maintain networks to deliver care and value to their members and are required to maintain adequate networks. Carriers should have the ability to decide which providers are in their network, subject to these network adequacy requirements.

Mandate Study: Costs, Current Practices, Medical Necessity, and Comp

LD 444 mandates new coverages and should be subject to a mandate study so we can better understand existing coverages provided by Maine carriers and workers compensation.

A mandate study will also provide insights into potential impact on premiums, defrayal costs, and a review of the medical necessity and efficacy of the proposed screenings and treatments.

LD 444 Restricts Cost and Management Utilization

Utilization management and cost sharing are plan design tools that help direct consumers to medically necessary, high value care while helping to maintain affordability for consumers and employers.

LD 444 limits carrier ability to manage both the quality and the quantity of care.

² Maine Workers Compensation Board Rules, Amended 12/16/23, p-4-5
https://www.maine.gov/wcb/rules/90-351_WCB_Rules_12-16-2023_rev3.pdf

- Section 2C includes a prohibition of session limits requested by an enrollee for mental and behavioral health services;
- Section 3 limits prior authorization related to screening, testing, and sessions, and;
- Sections 2 and 4 create “first dollar” coverage for a special population of enrollees by eliminating cost sharing for testing and monitoring. This eliminates a tool to maintain premium affordability and creates inequity among plan members.

Title 24-A is not the appropriate avenue for creating and funding a comprehensive and fair population health program related to a special population of Mainers. We urge the committee to vote ought-not-to-pass on LD 444.

Maine Workers Comp Board

Rules - 12/16/2023

claim to correct an error or miscalculation. The employee may invoke dispute resolution if this adjustment results in decreased compensation. If greater than 90 days, the employer/insurer shall use form WCB-8.

3. Calculating benefits

The fringe benefit package of any subsequent employers must be included in the computation of the employee's post-injury earnings to the same extent that it is included in the employee's pre-injury average weekly wage. The fringes included in the employee's post-injury earnings shall be computed by using the employer's cost of the fringe benefits on the date benefits commence.

§ 6. Notices of Controversy

All Notices of Controversy shall initially be referred to the Office of Troubleshooters where an attempt shall be made to informally resolve the dispute. If the Office of Troubleshooters is unable to resolve the dispute, the Notice of Controversy shall be scheduled for mediation.

§ 7. The Wage Statement (WCB-2), Schedule of Dependent(s) and Filing Status Statement (WCB-2A), Memorandum of Payment (WCB-3), Discontinuance or Modification of Compensation (WCB-4), Certificate of Discontinuance or Reduction of Compensation (WCB-8), Lump Sum Settlement (WCB-10), Statement of Compensation Paid (WCB-11), and the Employee's Return to Work Report (WCB-231) shall be filed with the Board's Central Office in Augusta, State House Station #27, Augusta, Maine 04333-0027. These forms shall be distributed as follows: (1) Workers' Compensation Board, (2) Employee, (3) Insurer, and (4) Employer.

The Notice of Controversy (WCB-9) and the Employer's First Report of Occupational Injury or Disease (WCB-1) shall be filed and distributed as set forth in W.C.B. Rule Ch. 3, § 4.

§ 8. The Employment Status Report (WCB-230) shall be distributed as follows: (1) Employee, (2) Insurer, and (3) Employer.

§ 9. The Request for Expedited Proceeding (WCB-250) shall be attached to the front of the appropriate petition and supporting documents.

§ 10. Cancer Presumption for Firefighters

This rule applies to all cases now pending before the Workers' Compensation Board in which the evidence has not closed and in which the statute applies. For all dates of injury occurring before the effective date of these rules, sub-section 1 applies. For all dates of injury occurring on and after the effective date of these rules, sub-section 2 applies.

1. If a firefighter claims that he has contracted a cancer defined in § 328-B(1)(A), the firefighter shall be considered to have undergone a standard, medically acceptable test for evidence of the cancer for which the presumption is sought or evidence of the medical conditions derived from the disease, which test failed to indicate the presence or condition of the cancer for which the presumption is

sought, if, during the time of employment as a firefighter, the firefighter underwent a standard physical exam with blood work and the examination and the blood work were not positive for the cancer for which the presumption is sought, or if the examination or blood work were positive for the cancer for which the presumption is sought, follow up tests ordered by the physician conducting the physical were determined to be negative for the cancer for which the presumption is sought.

2. If a firefighter claims that he has contracted a cancer defined in § 328-B(1)(A), the firefighter shall be considered to have undergone a standard, medically acceptable test for evidence of the cancer for which the presumption is sought or evidence of the medical conditions derived from the disease, which test failed to indicate the presence or condition of the cancer for which the presumption is sought, if, during the time of employment as a firefighter, the firefighter underwent a physical examination which included a complete history and physical examination, which included a history of malignancies regarding the firefighter's blood-related parents, grandparents or siblings, and a history of the firefighter's previous malignancies. The physical examination shall be considered complete if it included a lymph node and neurologic exam, a breast examination, and a testicular examination if a male. To be considered complete, an examination shall include blood count testing (CBC), metastolic profile (CMP) testing, and urinalysis testing. If a female firefighter is 40 years or older, the examination should include a mammography, and if a female firefighter is 50 years or older, a colonoscopy. If a male firefighter is 50 years or older, the examination shall include prostate examination and a colonoscopy. If any abnormality is disclosed during the examination or blood work for the cancer for which the presumption is sought and further testing reveals that the cancer for which the presumption is sought is not present, the examination shall be considered adequate for purpose of the application of the presumption. For the purpose of determining the completeness of an exam or testing for application of the presumption, the firefighter's age at the time of the exam is determinative.
3. If an examination or blood work is determined to be incomplete or positive for one or more cancers but not for the cancer for which the presumption is sought and the examination and blood work were complete and not positive for the cancer for which the presumption is sought, the firefighter is entitled to the presumption provided the remaining requirements of § 328-B have been met.

§ 11. Post-Insolvency Meeting between the Board and the Maine Insurance Guaranty Association

1. Within 180 days of notice of insolvency to the Board or its designee and the Maine Insurance Guaranty Association ("MIGA"), the Executive Director or the Executive Director's designee shall schedule a meeting with MIGA.
2. During the meeting, MIGA shall provide the Board with a report detailing:
 - A. When it obtained the claim records of the insolvent insurer;