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Testimony In Opposition to LD 784
An Act to Require Health Insurance Coverage for
Specialized Risk Screening for First Responders
March 13, 2025

Senator Bailey, Representative Gramlich, and Members of the Health Coverage, Insurance, and Financial Services Committee.

My name is Dan Demeritt, the Executive Director of the Maine Association of Health Plans. Insurance coverages offered or administered by our member plans provide access to care and better outcomes for many of the Mainers who receive coverage through an employer plan or the individual market. Our mission as an association is to improve the health of Maine people by promoting affordable, safe, and coordinated health care.

LD 784 seeks to create a new mandate in the Maine Insurance Code by requiring coverage of risk screening for first responders. The screening LD 784 would require is better suited as a workers compensation requirement or as a workplace safety or a targeted public health initiative.

As the Maine Bureau of Insurance shared when similar legislation was considered in the 131st Legislature (LD 444), "*Maine would be the only state where this type of coverage is provided in public health insurance.*" The Bureau's April 8, 2024, memo is included.

As the Committee is aware, benefits under health insurance are not based on a member's occupation nor can health plans administer benefits based on occupation. This bill would also require private employers to bear the costs of first responder screenings for covered family members or volunteers providing first responder services for public agencies.

Furthermore, the coverage for screening required by this legislation would only apply to those individuals who receive their coverage through health plans subject to regulation by the Bureau of Insurance.

\$2 Million Public Safety Health and Wellness Grant – Proposals Due March 25, 2025

The Legislature funded a \$2 million Public Safety Health and Wellness Grant in Part T of the FY24-25 Supplemental Budget, P.L. 2023 c.643 (L.D. 2214). This grant program is a more appropriate vehicle for providing specialized risk screening.

The State Fire Marshall hosted an informational session on March 11 and applications for funding are due on March 25, 2025.¹ The Legislature should assess the impact of this program and fund it

¹ <https://www.memun.org/News/public-safety-health-wellness-grant-rapid-deadline>, accessed 3.10.25

appropriately in future budgets to meet the state's need for specialized risk screening for first responders.

Analysis of Key Sections of LD 784

Sec. 1. 24-A MRSA §4317-F(3). Coverage for specialized risk screening: This section of the bill creates a requirement for private insurance coverage that would be subject to a mandate study by the Bureau of Insurance pursuant to Title 24-A §2752.

Sec. 1. 24-A MRSA §4317-F(4). Limits on prior authorization: This section limits the use of utilization management, a critical tool for ensuring members receive evidence-based, medically necessary care in the appropriate health care setting.

Sec. 1. 24-A MRSA §4317-F(5). Cost sharing prohibited: This section of the bill creates first-dollar coverage for a specialized risk screening that discriminates based on employment status. These types of provisions in law drives up the cost of premiums and health care costs for all members for the benefit of a specialized group.

Need for a Mandate Study: A mandate study was not conducted on LD 444 last year. If the Committee advances the bill, it should first require a study to provide insights into the costs for those purchasing insurance, an analysis of the social impact, the medical efficacy of the proposed screening, and potential defrayal obligations for a new mandated coverage that is not part of Maine's Essential Health Benefits.

A fiscal note was developed for LD 444 last year. It projected a \$927,046 annual cost of providing coverage for specialized risk screening through the state employee health plan.²

Thank you for your consideration. We urge a vote of ought not to pass on LD 784.

² https://legislature.maine.gov/legis/bills/bills_131st/fiscalpdfs/FN044402.pdf



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



Janet T. Mills
Governor

Anne L. Head
DPFR Commissioner

Robert L. Carey
Superintendent

TO: Members of the HCIFS Committee
FROM: Bob Carey, Superintendent, Bureau of Insurance
DATE: 04/08/2024
RE: BOI Concerns with 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”*

The Bureau of Insurance (BOI) continues to have serious concerns with LD 444, as amended. While majorities in the House and the Senate voted in support of the OTP-A report, I am writing to urge committee members to consider a floor amendment which instead directs BOI to do a mandated benefit study before implementing this novel and unstudied mandated benefit. I understand that specialized screenings may be important for our first responders, but they should be addressed as a workplace safety requirement, or workers compensation, not as a health insurance mandate.

Of note, this bill is similar to LD 1857, “Resolve, to Establish a Public Safety Health and Wellness Grant Pilot Program,” which is currently on the Special Appropriations Table pending final passage. LD 1857 would establish a two-year pilot program with the express purpose of providing physical and mental health services specific to public safety employees for the same population of public safety employees as in LD 444. *We urge the committee to allow this pilot project to move forward before making the sweeping changes to health insurance proposed in LD 444, as amended.*

Secondly, private health insurance is not the appropriate vehicle for providing this coverage for public safety employees. *Maine would be the only state where this type of coverage is provided in private health insurance.* In other states where there is similar coverage for first responders, the coverage is not provided through health insurance but rather through the public health system or the public employer.

There is no other precedent in health insurance to discriminate based on employment status. We believe this bill raises possible federal preemption issues under the Public Health Services Act (PHSA) Title XXVII (HIPAA as amended by the Affordable Care Act, *etc.*) since it would require plans to offer different benefits to different people under the same policy, solely on the basis of where they work or their job classification. This is something that may require further research and possible discussions with the Centers for Medicare and Medicaid Services (CMS).

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This bill will have an impact on health insurance premiums. Without an actuarial study from a BOI mandated benefit study, it is impossible to predict its impact, however, the impact on the state employee health plan (SOM plan) is estimated to be \$1 million per year starting in 2027 (which is when coverage would begin for the SOM plan). Given the cumulative cost of mandated benefits passed over the past few years, rising health care costs may cause private employers to increase employee cost sharing, move to self-insurance (which is not subject to state mandates) or drop health insurance as an employee benefit.

Finally, we want to be sure that you are aware that this is a vendor bill. During the Public Hearing on January 23, 2024, testimony was offered by Dr. Benjamin Stone of Sigma Tactical Wellness, *the company that sells the tests that would be required to be covered under this bill*. He was the sole medical professional to testify regarding the need and efficacy of such testing. As drafted, the bill would require carriers to pay for the testing provided by his company, without regard for whether the provider ordering the tests is one of the enrollee's regular providers or whether the lab conducting the test is in- or out-of-network.

Thank you for considering my comments and I would be happy to discuss my concerns with you in person or by phone.



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