



## Testimony of Anthem Blue Cross and Blue Shield

### In Opposition to L.D. 784

### **“An Act to An Act to Require Health Insurance Coverage for Specialized Risk Screening for First Responders”**

**March 13, 2025**

Good afternoon, Senator Bailey, Representative Gramlich, and Members of the Health Coverage, Insurance, and Financial Services Committee. My name is Kristine Ossenfort, and I am the Senior Government Relations Director for Anthem Blue Cross and Blue Shield in South Portland, Maine. I appear before you this afternoon to testify in opposition to L.D. 784, “An Act to Require Health Insurance Coverage for Specialized Risk Screening for First Responders.

While we understand the intent behind L.D. 784, we have significant concerns with the proposal.

The policy question underlying L.D. 784 is who should bear the costs related to screening for occupational exposure through someone’s work as a first responder, whether that work is as a paid employee or through service as a volunteer. Should those costs be borne by health insurers, by workers’ compensation insurers who are responsible for coverage of occupational diseases, by the entities that employ these individuals as first responders, or by the State?

Our specific concerns with the bill include the following:

- The provisions of L.D. 744 violate non-discrimination provisions. Health insurers are required to treat all insureds similarly. Under L.D. 784, someone who serves as a first responder would be entitled to benefits that others covered under the plan would not. For example, if Ann is 30 years old and works as a firefighter or a communications officer, she would be entitled to receive a mammogram at no cost prior to reaching the age of 40, when it would be covered as a preventive health service while Beth, who is also 30 but works as an administrative assistant, would not. Health insurers must treat all enrollees the same, and the requirements of L.D. 784 are not consistent with non-discrimination requirements.

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As a result, the coverage required under L.D. 784 would most likely have to be extended to all individuals covered under the plan, further increasing the costs associated with this proposal.

- It is impossible to administer benefits for a subset of enrollees under the plan. Health plans have no way of knowing who works or volunteers as a first responder and would be eligible for the additional benefits required under L.D. 784. Claims for services rendered to a member do not reflect the member's occupation or profession.
- There is no requirement that the services be medically necessary or limitations around how frequently the services can be received.
- Cost sharing is prohibited. This not only increases the cost of the benefit but also impacts cost sharing for other services in order to maintain affordability and meet actuarial value requirements.
- Prior authorization is prohibited—this limits a plan's ability to utilize important cost control and medical management tools to help manage costs and will result in increases to premiums, with costs being borne by other insureds under the plan.
- Some of the services for which coverage would be required are considered experimental and investigational.
- Employers of volunteers as well as employers covering family members such as spouses, partners, and children up to age 26, would be required to bear the costs associated with this mandate even though it is unrelated to the employer or the employee's work for that employer. For example, if the employer provides family coverage, the employer could be required to pay for testing related to a child under age 26 if that child is still covered under the parent's plan.
- While some may make the argument that there may be a societal benefit, any benefit to the employer may be quite removed. An employer could end up bearing the costs of related to an enrollee's service to a town with which the employer has no connection.
- As the Committee is aware, the State can only regulate fully insured plans and certain state regulated non-ERISA plans; the requirements of L.D. 784 would not apply to self-funded health plans, Medicaid or Medicare or federal government plans.
- At its core, this is a workers' compensation issue—Coverage of special risk populations is a workers' compensation concept, not a health insurance concept.
- Any potential savings from bill will likely accrue to workers' compensation carriers, rather than health insurance plans and their members. Workers' compensation insurance is required to provide coverage for occupational

diseases that result from workplace exposure, and for the purposes of workers' compensation insurance, volunteers are treated as employees. It is also important to note that workers' compensation does not have ERISA preemptions, and both fully and self-insured workers' compensation plans must comply with state workers' compensation requirements.

- L.D. 784 mandates coverage of certain benefits and, therefore, must undergo review and evaluation by the Bureau of Insurance. If the Committee is interested in pursuing this legislation, it should be sent to the Bureau of Insurance for a mandate review, pursuant to 24-A M.R.S.A. § 2752.

Thank you for the opportunity to share these concerns. We strongly urge you to vote ought not to pass on L.D. 784. Thank you, and I would be happy to answer any questions you may have either now or at your work session.