

**TESTIMONY OF BOB CAREY  
SUPERINTENDENT  
BUREAU OF INSURANCE  
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
In opposition to L.D. 784  
An Act to Require Health Insurance Coverage for Specialized Risk Screening  
for First Responders  
Presented by Senator Bailey  
Before the Joint Standing Committee on Health Coverage,  
Insurance & Financial Services  
March 13, 2025 at 1:00pm**

Senator Bailey, Representative Gramlich, and members of the Health Coverage, Insurance and Financial Services Committee, I am Bob Carey, Superintendent of Insurance, and I am here today to testify in opposition to LD 784.

This bill places the requirement to cover specialized risk screening for first responders in the Health Plan Improvement Act, which means it would apply to fully-insured health plans offered by health insurance carriers; it would also apply to the state employee health plan, municipal health plans covered under the Maine Municipal Association MEWA, and municipal plans that qualify as governmental

plans under the ERISA exemption.<sup>1</sup> Though the bill's requirement would apply to a number of first responders, it is unknown how many first responders may be left out of the benefit because they receive health insurance through a self-funded plan, through a spouse enrolled in a self-funded plan or other plan not regulated by the state, or through federal benefits such as VA or Tricare. The proposal would also not extend coverage to individuals enrolled in MaineCare or other public programs.

Due to the likelihood that a number of first responders would not be covered by the benefit due to how they receive health insurance, the Bureau believes an approach grounded in a public health program or workplace safety program would be more likely to reach more first responders, as it is done in other states. The states that provide this type of benefit do so through the state's public health, retirement, disability, or workers' compensation systems. To our knowledge, no other state addresses the issue of first responder screenings through a health insurance mandate.

Health plans routinely exclude coverage of screenings or tests that are directly tied to an individual's employment or occupation. In this regard, the bill has the potential to set a precedent that could encourage other occupations to seek coverage of employment-related screenings through the health benefit, which may result in increased premiums.

At the end of the last legislative session, the Bureau consulted the Workers' Compensation Board as to whether the benefit would be more appropriate in that sphere, and the Workers' Comp Board responded that due to the reactive nature of

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<sup>1</sup> 29 USC §§ 1002(32) 29 and § 1003(b).

the workers' compensation system, it would require significant overhaul to allow payments for prospective screening. The Bureau also polled carriers as to the potential cost impact of the requirement, but we were unable to get a reliable cost estimate due to the fact that health insurance carriers do not track the employment type of enrollees and therefore could not reasonably estimate the utilization of the benefit.

In regard to the potential for mandate defrayal, Bureau staff met in November 2023 with Centers for Medicare & Medicaid Services (CMS) staff, who indicated that bills mandating additional testing would likely require the State to make defrayal payments to cover the cost of the newly enacted mandate.

Finally, the Bureau reminds the committee of the requirements of Title 24-A M.R.S. § 2752, which provides for 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 mandated benefit. If a report is required it could cost the Bureau up to \$20,000 for outside contract consulting work plus staff time, estimated at a cost of \$1,600 to collect information, review consultant work, and prepare the final report. We anticipate that current resources will allow us to conduct up to two studies during the current legislative session, and we will need a minimum of eight weeks to complete each report to ensure a high-quality evaluation.

Thank you, I would be glad to answer any questions now or at the work session.