

**Testimony of Lisa Nolan
to the Joint Standing Committee on Health Coverage, Insurance and Financial Services**

Neither For Nor Against

LD 784, 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 Joint Standing Committee on Health Coverage, Insurance and Financial Services.

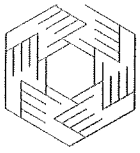
My name is Lisa Nolan and I'm the Director of Advocacy and Strategy at the Healthcare Purchaser Alliance of Maine. I'm here on behalf of the Alliance's CEO, Trevor Putnoky, who couldn't be here today.

The HPA is a nonprofit that represents the purchasers of health care in Maine. Our mission is to advance and support access to high-quality, affordable care. We have over 60 members, including some of the largest public and private employers and health trusts in Maine. Collectively, our members spend over a billion dollars annually providing health care for nearly one quarter of Maine's commercially insured population.

I'm here today to testify neither for nor against LD 784. Like all Mainers, we're grateful for the essential services that our first responders provide in communities throughout the state—often as unpaid volunteers. And we support providing screenings and other services to mitigate occupational-related health risks within this population. However, we do not believe that private health insurance is the appropriate way to provide this coverage for first responders. Like other services related to occupational injuries and illnesses, we believe that the responsibility for these screenings should lie with the entities that employ individuals as paid or volunteer first responders. Those entities could establish screening programs for their first responders or the screenings could be considered as part of Maine's Workers' Compensation program. And in fact, if LD 784 is enacted, Maine will be the only state in the country that provides this sort of occupation-related coverage through private insurance. Other states that provide such first responder coverage do so through the state's public health, disability, or workers' compensation systems.¹

While providing access to these screenings is a worthwhile endeavor, it seems that providing those services through an employer-based screening program or through workers' compensation—as opposed to via commercial insurance—would be a more effective means of ensuring access to the first responder population. Since coverage mandates like this one only cover a portion of Mainers, namely, those enrolled in fully insured health plans, MEWAs, and a small number of commercially insured government plans—more than two thirds of the state's population would be excluded from this benefit. This inequity would be addressed if the testing identified in LD 784 were mandated through employer screening programs or workers' compensation benefits, which would extend to all first responders. We believe that under the current structure it is likely that situations will arise where one volunteer EMT in a town has access to covered screenings through their fully insured employer-sponsored plan, while screenings for another volunteer EMT in that same town would not be covered because their employer-sponsored health insurance plan is self-funded and not subject to this mandate.

¹ Maine Bureau of Insurance.



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In addition, as structured, LD 784 would require employers to offer different benefits to different plan members under the same policy, based on employment status. We don't believe there's any precedent for this, nor do we know how employers would actually implement it, as they don't necessarily know which employees and dependents are first responders.

We also urge the committee to reconsider the provision in the bill that prohibits plans from imposing deductible or cost-sharing requirements on these screenings. This would provide an out-of-pocket protection that is often not available to patients who grapple with other serious medical conditions and often face significant out-of-pocket expenses for diagnostic tests and other services, including those fighting cancer, MS, IBD, and rheumatoid arthritis.

Thank you for the opportunity to share HPA's feedback on LD 784.