

**TESTIMONY OF JOANNE RAWLINGS-SEKUNDA
DIRECTOR, CONSUMER HEALTH CARE DIVISION
BUREAU OF INSURANCE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
In opposition to L.D. 910
An Act to Collect Data to Better Understand the Consumer's
Health Insurance Experience
Presented by Senator Tepler
Before the Joint Standing Committee on Health Coverage,
Insurance & Financial Services
April 8, 2025 at 1:00pm**

Senator Bailey, Representative Mathieson, and members of the Committee, I am Joanne Rawlings-Sekunda, Director of the Consumer Health Care Division at the Bureau of Insurance. I am here today to testify in opposition to LD 910, An Act to Collect Data to Better Understand the Consumer's Health Insurance Experience.

This bill would require each health carrier, beginning in 2026, to provide a quarterly report to the Bureau of the number of denied claims, the number of denied prior authorizations, and the five most common reasons for claim and prior authorization denial. The Bureau must annually report this information to HCIFS. In addition to information from Maine's carriers, the Bureau would also be required to share information compiled by the U.S. Department of Health and Human Services regarding claim and prior authorization denials.

The Bureau has several concerns with this bill.

First, the Bureau currently collects and reports information on claims denials and prior authorizations from carriers, pursuant to 24-A M.R.S. § 4302(2) and newly enacted § 4302(2-A). We also report on the number of claims denials and downcoding pursuant to § 4303-E(4)(F). Section 4302(6) also has a provision which requires carriers to provide to the U.S. Department of Health and Human Services any information required by the Affordable Care Act and make that information available to the Bureau upon request.

We do not believe these additional requirements would add value to the data we already collect. Further, the BOI has the authority to modify its existing data request if there is data that consumers and stakeholders may find useful.

Second, it is unclear why carriers would need to submit information to the BOI on a quarterly basis when the report to HCIFS is annual.

Third, it is not realistic to anticipate having fully accurate carrier data for the prior year provided to the Bureau in time for the Bureau's January 31 deadline.

Finally, it is unclear how useful the federal data would be as a comparison to Maine's data. The most recent "CMS Transparency in Coverage Data" on claim denials is from 2023 and solely includes data on ACA Qualified Health Plans for individuals in states using HealthCare.gov (not states with their own health insurance marketplaces, like Maine). Direct comparisons could not be made between Maine consumers' experience in both individual and group plans versus individuals solely in Marketplace plans in the other states.

For these reasons, we urge the committee to vote ought not to pass.

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