



# Consumers for Affordable Health Care

on a mission to ensure all Mainers have access to  
high-quality, affordable, comprehensive health care

mainecahc.org

PO Box 2490  
Augusta ME 04338

1-800-965-7476

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## To the Joint Standing Committee on Health Coverage, Insurance, and Financial Services

### Testimony in Support of: LD 955, An Act to Ensure Human Oversight in Medical Payment Decisions April 8, 2025

Senator Bailey, Representative Mathieson, and members of the Committee on Health Coverage, Insurance, and Financial Services,

Thank you for the opportunity to speak to this bill today. My name is Jakob Giron, a Policy Advocate at Consumers for Affordable Health Care (CAHC). I'm here to speak in support of LD 955, An Act to Ensure Human Oversight in Medical Payment Decisions.

CAHC is a nonpartisan, nonprofit organization that advocates the right to quality, affordable healthcare for every person in Maine. CAHC serves as Maine's Health Insurance Consumer Assistance Program. Our toll-free Consumer Assistance HelpLine fielded nearly 7,300 calls and emails last year from people needing help understanding and enrolling in health insurance coverage, accessing or affording health care services, or appealing a denied claim for coverage.

Assisting people in appealing denied claims requires scrutiny of documents that are purported to outline why coverage was denied. On occasion, we have found utilization review undertaken by an insurance company medical director or contracted reviewer who may meet the technical requirements of a "clinical peer," (i.e., a board-certified professional in the same or similar specialty that typically manages the condition) but whose actual practice is of dubious applicability. The use of Artificial Intelligence can only exacerbate this disconnect, making it more challenging for consumers to successfully prosecute an appeal.

To ensure reviews are substantive, utilization review should be performed by a physician who is not only licensed in this State, but who is a *clinical peer* with specific expertise treating the patient's diagnosed medical condition.

LD 955 also establishes quarterly baseline reporting requirements to the Maine Bureau of Insurance (BOI). Carriers must report on the number of denials of coverage and the outcome of the review of those denials by a licensed physician. Carriers must also report the number of appeals and the outcome of those appeals. The Maine BOI would provide the collected information to this committee on an annual basis. We support this element of the bill because we believe it will make insurance company practices more transparent and perhaps provide greater insight into policies to address concerns many have about the use of technology in health coverage decisions.

We thank the sponsor for bringing forward this piece of legislation and urge the committee to vote 'ought-to-pass' on LD 955.