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Testimony in Opposition to LD 1152
An Act to Expand the Right to Shop for Health Care Services

April 8, 2025

Senator Bailey, Representative Mathieson, and Members of the Health Coverage, Insurance, and Financial Services Committee.

My name is Dan Demeritt, the Executive Director of the Maine Association of Health Plans. Insurance coverages offered or administered by our member plans provide access to care and better outcomes for many of the Mainers who receive coverage through an employer plan or the individual market. Our mission as an association is to improve health by promoting affordable, safe, and coordinated health care.

The Maine Association of Health Plans opposes LD 1152 because it adds additional complications to a program that consumers do not understand or use and creates more administrative burdens for health insurance carriers.

Majority Ought Not To Pass in 131st Legislature

The Health Coverage, Insurance, and Financial Services Committee consider these proposed changes to the Comparable Health Care Service Incentive Program in the 131st Legislature as part of LD 1085. The bill received a majority ought not to pass report from the committee.

A Senate amendment offered by Chair Bailey and enacted into law removed the provisions of LD 1085 that amended existing law and removed the January 1, 2024, repeal date of the program.

0.04% Enrollee Utilization in 2023

The findings of Bureau of Insurance's 2023 Health Savings Report are shared with my testimony. Among the findings are the following:

- 46 of 119,339 small group enrollees (0.04%) utilized a comparison shop incentive.
- 68 incentives received for 72,511 eligible health care services.
- \$2,360 in total incentives received for 2023.¹

Health insurance carriers build networks, negotiate with providers, incentivize healthy behavior and preventive care, and help manage utilization for their enrollees and plan

¹ <https://www.maine.gov/pfr/sites/maine.gov.pfr/files/inline-files/2023-Health-Savings-Report.pdf>

purchasers. They also encourage consumers to know the costs of items and services and their options for less invasive and lower-cost treatments.

The cost of complex and under-utilized incentive programs drive health coverage costs higher for consumers and employers. The energy of policymakers, carriers, providers, and purchasers should be focused on lowering the overall cost of health care. Mandating new complications to an incentive program utilized by a fraction of one percent of enrollees is not the answer.

We urge a vote of ought not to pass and thank the Committee for its consideration.

Findings

The information provided below is based upon the aggregate responses from the six carriers that offered incentive programs to enrollees in 2023.

Enrollee and Incentive Information

Total Number of Enrollees for Calendar Year	119,339
Number of Enrollees Receiving Incentives	46
Number of Different Times Incentives Were Received	64

Enrollee Use of Health Services and Incentives Received

Type of Non-Emergency Outpatient Health Care Service	# of Times Enrollees Used Service	#of Times Enrollees Received Incentives for Using Service
Physical/Occupational Therapy	547	2
Radiology/Imaging	7,397	30
Laboratory	27,741	16
Infusion Therapy	1,831	9
Other Non-Emergency Outpatient Service	34,995	11
Total	72,511	68

Dollar Amount of Incentive Received by Incentive Type and Type of Health Service

Type of Health Service	Cash Payment	Gift Card	Credit or Reduced Premium	Reduced Co-Pays	Other Incentives	Total Paid
PT/OT	\$150.00	\$10.00	\$0.00	\$0.00	\$0.00	\$160.00
Radiology/Imaging	\$250.00	\$840.00	\$0.00	\$0.00	\$0.00	\$1,090.00
Laboratory	\$50.00	\$245.00	\$0.00	\$0.00	\$0.00	\$295.00
Infusion Therapy	\$0.00	\$90.00	\$0.00	\$0.00	\$0.00	\$90.00
Other**	\$450.00	\$275.00	\$0.00	\$0.00	\$0.00	\$725.00
Total	\$900.00	\$1,460.00	\$0.00	\$0.00	\$0.00	\$2,360.00

** Other non-emergency outpatient health services included screening colonoscopy, colonoscopy, echocardiogram, extremity study, biopsy, fertility, chiropractic, and upper GI endoscopy.