

**TESTIMONY OF BOB CAREY
SUPERINTENDENT
BUREAU OF INSURANCE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
L.D. 1502
An Act to Update the Requirements for Health Insurance Coverage of
Prostate Cancer Screening
Presented by Representative Moonen
Before the Joint Standing Committee on Health Coverage,
Insurance & Financial Services
April 29, 2025 at 1:00 p.m.**

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee, I am Bob Carey, Superintendent of the Maine Bureau of Insurance. The Bureau of Insurance supports safe and effective medical treatment. Health care providers can better speak to the efficacy and benefits of this proposal. My testimony is focused on who is affected by state-mandated benefits and the potential cost of the cumulative effect of adding mandates to coverage.

State-mandated benefits apply to fully insured commercial health plans purchased by Maine individuals and Maine businesses on behalf of their employees. The Bureau estimates that 290,000 Mainers are enrolled in fully insured health plans.

Conversely, approximately 60% of the commercial health insurance market – or roughly 405,000 people – are in self-funded plans offered by their employers and are not required to cover any state-mandated benefit. Further, all other Mainers that receive coverage through federal or state programs, such as Medicare and Medicaid, as well as those covered through the VA and other plan sponsors are unaffected by state-mandated benefits.

These mandated benefits increase costs for individuals and businesses who are responsible for paying health insurance premiums.

Any mandated benefit has a cost, and that cost is paid by policyholders, some of whom already pay tens of thousands of dollars for health insurance every year. As the Bureau has noted in prior testimony, in 2025, a health plan with a \$10,000 deductible that covers a family of four in Lincoln County costs roughly \$21,600 annually. When adding in the potential out of pocket maximum of \$16,000, the total cost to that family could exceed \$37,000.

Without adding more mandated benefits, health insurance costs for Maine people will rise even further in 2026.

Pursuant to the federal Affordable Care Act, states have been required to pay the costs of mandated benefits that are included in Qualified Health Plans sold to individuals through the health insurance exchange – CoverME.gov in Maine – unless the mandated benefit is part of the Essential Health Benefit Benchmark plan. This means the cost of the mandated benefit is not part of the premium paid by individuals, but rather the state must pay for the benefit on behalf of these

individuals. This defrayal cost is a factor when considering the cost of a mandated benefit, but it is not the only factor nor, in my opinion, the main factor.

Maine currently requires carriers offering fully insured health plans to provide prostate cancer testing but allows member cost-sharing. This bill would require first-dollar coverage – no member cost-sharing – for prostate cancer screening and expand the current coverage requirement, which consists of a digital rectal examination and a prostate specific antigen (PSA) test, to add urinary analysis, serum biomarker testing, and medical imaging such as an MRI. It would eliminate the current age range for coverage from age 50 to 72 and replace it with reference to the most recently published nationally recognized clinical practice guidelines.

Carriers in Maine cover the PSA test, some apply cost-sharing and others do not.

We are aware of a number of states, including Delaware, New York, Rhode Island, Illinois, and Maryland, that require coverage of PSA screenings without cost-sharing, but not all require the additional tests that are included in the proposed bill.

The US Preventive Services Task Force rates prostate screening with a PSA test for those under 70 as a C grade. Under federal law, screenings rated A and B must be covered without member cost-sharing in ACA-compliant health plans, including HSA-qualified plans.

While an individual mandate such as this one may not add significant costs, it cannot be considered alone. The Committee has under consideration several

mandated benefit proposals, and the cumulative costs of all state-mandated benefits increases the cost of health insurance. These cost increases directly affect the viability and affordability of health insurance for Maine citizens who have insurance plans regulated by the Bureau.

In balancing the potential benefits of this bill in terms of medical treatment versus cost, I urge the committee to consider the wider impact of state-mandated benefits on the health insurance market. In addition, if the Committee decides to move forward with this bill, the Bureau recommends changing the effective date to January 1, 2027 to allow time for carriers to price for the new mandate and to implement the changes required.

I would be happy to answer questions the committee members may have now or during the work session.