



Janet T. Mills
GOVERNOR

STATE OF MAINE
OFFICE OF THE GOVERNOR
1 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0001

**Testimony of
Bethany Beausang, Senior Policy Advisor
Governor Janet T. Mills**

**Before the Joint Standing Committee on Health Coverage, Insurance and
Financial Services
In SUPPORT of LD 1 “An Act To Establish the COVID-19 Patient Bill of Rights”**

Hearing Date: February 23, 2021

Good morning, Senator Sanborn, Representative Tepler, and Members of the Committee on Health Coverage, Insurance and Financial Services. I am Bethany Beausang, Senior Policy Advisor to Governor Janet Mills. I am here to testify in support of the L.D. 1 *An Act to Establish the COVID-19 Patient Bill of Rights*. The Governor thanks Senate President Jackson and House Speaker Fecteau for introducing this important legislation.

No one could have imagined what this past year would be like and all that we would be called upon to do to respond to the public health and economic emergencies resulting from COVID-19. As of today, there have been 43,736 cases of COVID-19 in Maine and sadly, our state has lost 660 people to this virus. The pandemic has required us all to respond in a variety of ways – our health care providers, our schools and schoolchildren, businesses, and individuals – we have all had to adapt to do our part to slow the spread of this virus.

Among the measures the Administration has taken in response to COVID-19 are a number that are important to carry forward beyond this public health emergency and codify in State law. L.D. 1 proposes these important steps to protect Maine people.

First, L.D. 1 requires insurance coverage of important screening and prevention measures. During the course of the pandemic, we have learned how critical testing is to diagnose and treat those who may have the virus, and also to detect how widespread the virus is in our communities, especially given the high risk of asymptomatic spread. Testing has also been essential to keeping people working – such as those in health care professions caring for patients in our long term care facilities and hospitals.

The State has set up a broad network of testing sites – from “Swab and Send” sites to rapid tests at certain pharmacies – to provide COVID-19 tests free of charge to people who need one, even without an order from a provider. Additionally, providers throughout the state offer testing pursuant to their own protocols. While there can be charges in some instances to cover costs of administering the test, under an order from the Superintendent of the Bureau of Insurance, state regulated health plans are currently required to cover such tests.



PRINTED ON RECYCLED PAPER

L.D. 1 would strengthen these coverage requirements for COVID-19 by requiring coverage beyond the scope of the emergency except in circumstances when the screening and testing is part of a surveillance testing program. We support ensuring this coverage as testing will continue to be necessary as we aim to more fully resume economic, educational, and social activity.

L.D. 1 also includes insurance coverage for what is one of our strongest prevention efforts - COVID-19 vaccines. In December 2020, two vaccines received Emergency Use Authorization from the Federal Drug Administration (FDA); one, produced by Pfizer and another by Moderna. Just this week another vaccine candidate produced by Janssen, a company of Johnson & Johnson, is being considered by the FDA and still more are under development. Currently, these vaccines are available at no cost to individuals receiving them. Providers may bill public or private insurance for the cost of administering the vaccine and there is federal support that covers those who are uninsured. Codifying health insurance coverage of the vaccine in State law through L.D. 1 offers further security that access to these vaccines will continue.

L.D. 1 also includes important protections related to access to health care, such as allowing for prescriptions to be offered for extended periods as well as expanding access to needed health services delivered by telehealth. Here in Maine, we have long been committed to increasing access to health care through telehealth particularly given the age of our population and rural geography. During the pandemic, by allowing for more widespread access to telehealth, many people were able to continue to access needed care while remaining safely in their homes. Ensuring continued access and further development of this service delivery method will support Mainers' health far beyond the pandemic.

Finally, L.D. 1 includes important statutory changes to address one of the barriers to efficient vaccinations that we foresee – sufficient numbers of those who are able to administer the COVID-19 vaccine. Shortages in our health care workforce are a longstanding challenge in our state and have been compounded during the pandemic. Section D of L.D. 1 would allow a clinician in charge (physician, advanced practice registered nurse (APRN) or physician's assistant (PA)) at a vaccine clinic that has a Memorandum of Understanding with the State to delegate authority to administer the COVID-19 vaccine to employees, staff, agents, or qualified volunteers. Specific U.S. CDC training would be required in such instances. While providers are not compelled to use this authority, this flexibility is available to clinics in order to expand the scope of those available to administer the vaccines. This delegation authority is limited to the period of the state of emergency declared by the Governor.

Again, Governor Mills thanks the Presiding Officers for introducing this bill to protect Maine people as we all work together to address COVID-19 and we urge the Committee's support for L.D. 1.

I welcome any questions the Committee may have.