



MAINE ASSOCIATION
OF
HEALTH PLANS

**Testimony of Katherine Pelletreau
to the Joint Standing Committee on Health Coverage, Insurance and Financial Services**

In Opposition To

LD 441 An Act to Expand Adult Dental Health Insurance Coverage

March 18, 2021

Good Morning Senator Sanborn, Representative Tepler, Members of the Joint Standing Committee on Health Care, Insurance and Financial Services:

My name is Katherine Pelletreau and I am the Executive Director of the Maine Association of Health Plans (MeAHP). MeAHP has five members including Aetna, Anthem Blue Cross and Blue Shield, Cigna, Community Health Options and Harvard Pilgrim Health Care. Collectively, MeAHP's members provide or administer health insurance coverage to over 600,000 Maine people. The organization's mission is to improve the health of Maine people by promoting affordable, safe and coordinated healthcare.

LD 441 seeks to expand access to comprehensive dental services by imbedding them in medical insurance. MeAHP members oppose the bill because they believe it will increase the cost of health insurance for all consumers.

In the private market, dental insurance is widely available for purchase for both individuals and groups. It is not subject to open enrollment periods and is relatively low cost. Many employers already offer this coverage alongside their medical insurance.

This bill would take what is voluntarily purchased today and make it a requirement across the market for all health insurance policies, forcing everyone's premiums to rise. Employers and individuals would no longer have the choice to purchase or not.

If the committee were to move forward with the bill, an effective date no earlier than 1/1/2023 would be needed to enable carriers to meet the coverage requirements of the bill. Health insurers who do not currently offer dental insurance would need to build dental networks and contract with dentists and oral health providers.

An analysis by the Bureau will be necessary to determine if this requirement constitutes a "new mandate" under the Affordable Care Act (ACA). Under the ACA, the cost of any new state-mandated benefits that are applicable to the individual market and exceed the state-selected EHB benchmark plan must be defrayed by the state.

Private health insurers believe the current voluntary purchase system to be sufficient for the private market. Thank you for your consideration of these comments.