



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

**In Opposition To**

**LD 945 An Act Regarding Notice by Health Insurance Carriers of Policy Changes**

**April 6, 2021**

Good Afternoon Senator Sanborn, Representative Tepler, Members of the Joint Standing Committee on Health Coverage, 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.

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This bill as presented requires carriers to provide discrete written notice to each provider of any amendments to provider agreements. It would require a separate written communication for each change with the notice being the sole subject of the communication.

Maine law already requires carriers to provide 60-day notice of changes to provider agreements. All Plans comply, however, not in the same manner – some send monthly or quarterly communications, some more frequently, and notices often include several changes.

If this bill were to pass as written, the volume of communications between carriers and providers would increase substantially, with separate notices going to each provider. If the intention is to have notices go to the contracted entity rather than each provider, the language needs clarification.

Billing and contract changes occur for both parties. Carriers also face challenges on their side with appropriate notice from providers about billing practice changes including variations of bundling and unbundling, and excess or duplicate charges (e.g. facility fees).

A further consideration is the degree to which these issues are related to the COVID-19 pandemic. Early in the pandemic there were no codes for COVID related tests and treatments and new processes for telehealth and other services related to the emergency. Initially, COVID testing and care may have fallen into broader buckets of services. Many Plans tried to standardize around what Medicare was doing using

a universal amendment, however, not all Plans offered it and not all providers accepted it. During this time and process, there have understandably been more notices than is typical to keep up with changes.

MeAHP opposes this bill as written because it seems overly burdensome for all parties, carriers and providers alike. We welcome further clarification about the specific problems this bill seeks to address and are willing to work together with providers to find solutions that work for all parties.

Thank you for your consideration of these comments.