

**JOINT STANDING COMMITTEE ON HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES
130th LEGISLATURE FIRST REGULAR SESSION
MANDATED HEALTH INSURANCE BENEFIT PROPOSALS
PRIORITY WORKSHEET**

LD #	TITLE	SUMMARY & APPLICATION	COMMENTS	COMMITTEE DECISION
LD 922	An Act to Help Cancer Patients with Fertility Preservation	<ul style="list-style-type: none"> • Requires insurance carriers offering health plans in this State to provide coverage for fertility preservation services when necessary cancer treatment may directly or indirectly cause infertility • Applies to policies and contracts issued or renewed on or after January 1, 2022. 	<ul style="list-style-type: none"> • LD 922 focused on fertility preservation services, while LD 1539 encompasses fertility preservation services as part of broader coverage of infertility services • Consider potential costs to State for defraying costs of benefits beyond EHB? If benefits go beyond EHB package, the State may be required to defray any additional subsidy costs for qualified health plans • Consider financial impact on premiums and impact on costs to State Employee Health Plan? 	
LD 1539	An Act to Provide Access to Fertility Care	<ul style="list-style-type: none"> • Requires carriers offering health plans in this State to provide coverage for fertility diagnostic care, for fertility treatment if the enrollee is a fertility patient and for fertility preservation services. • Applies to health plans issued or renewed on or after January 1, 2023. 	<ul style="list-style-type: none"> • Proposed mandated benefit for infertility services in group plans studied by BOI in 2003— estimated \$3.53 PMPM increase for direct and indirect costs; max. estimate of \$1.22 PMPM for direct costs • Consider whether updated review would be beneficial before moving forward? • Consider potential costs to State for defraying costs of benefits beyond EHB? If benefits go beyond EHB package, the State may be required to defray any additional subsidy costs for qualified health plans 	

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			<ul style="list-style-type: none"> Consider financial impact on premiums and impact on costs to State Employee Health Plan? 	
LD 1357	An Act to Require Private Insurance Coverage for Maternity and Postpartum Care	This bill requires insurers, in individual policies that cover maternity benefits, to provide coverage for postpartum care that meets the recommendations of the American College of Obstetricians and Gynecologists.	<ul style="list-style-type: none"> Technical amendment proposed by sponsor to clarify intent to apply to individual and group health plans Under current law, health insurers are required to provide coverage for postpartum care (typically 1 visit) Consider whether additional coverage is appropriate or should be expanded as proposed? Would this be considered a “new” mandate or expansion of existing mandate? Consider potential costs to State for defraying costs of benefits beyond EHB? If viewed as an expansion, the State may not be required to defray any additional subsidy costs for qualified health plans Consider financial impact on premiums and impact on costs to State Employee Health Plan? As drafted, the proposed effective date is July 1, 2022. Consider effective date of January 1 as required for ACA plans? Consider 1/1/23 as rates for plan year 2022 are required to be filed in June? <i>HHS Committee voted LD 265 to extend postpartum period for</i> 	

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			<i>coverage under MaineCare from 60 days to 12 months; recent change as part of federal legislation allows Medicaid changes as State Plan Amendment</i>	
Proposals Tabled by HCIFS Committee				
LD 441	An Act To Expand Adult Dental Health Insurance Coverage	<ul style="list-style-type: none"> • Part A of the bill requires health insurance carriers to provide coverage for comprehensive dental services • Applies to policies and contracts issued or renewed on or after January 1, 2022 • Part B of the bill requires the Maine Health Data Organization to develop and maintain a database of dentists providing dental care to MaineCare members, including children, and to post that information on a publicly accessible website. 	<ul style="list-style-type: none"> • Pediatric dental benefits are required to be included in essential health benefits package under the ACA • Consider that dental coverage is already available as standalone coverage? • Consider potential costs to State for defraying costs of benefits beyond EHB? Because bill adds a specific requirement for coverage, the State may be required to defray any additional subsidy costs for qualified health plans • Consider financial impact on premiums and impact on costs to State Employee Health Plan? • Consider effective date of 1/1/23? • <i>HCIFS Committee considered similar proposal in 129th Legislature as LD 519; majority of committee recommended that bill be amended to require BOI to conduct mandate review [reported out but not considered]</i> • Consider Part B separately as it does not relate to private coverage? 	Tabled

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LD 665	An Act to Promote Better Dental Care for Cancer Survivors	<ul style="list-style-type: none"> Requires a health plan to include medically necessary dental procedures that are the direct or indirect result of cancer treatments 	<ul style="list-style-type: none"> Consider amending to include dental treatment needed before starting cancer treatment? Testimony suggested that is a gap that needs to be addressed. As drafted, language would suggested requirements apply after receiving cancer treatment Consider to what extent coverage is available under dental insurance policies? Consider potential costs to State for defraying costs of benefits beyond EHB? Because bill adds a specific requirement for coverage, the State may be required to defray any additional subsidy costs for qualified health plans Consider financial impact on premiums and impact on costs to State Employee Health Plan? Consider adding specific application date? 	Tabled; Staff working with stakeholders to draft proposed amendment for review and referral to BOI
LD 1003	An Act to Improve Outcomes for Persons with Limb Loss	<ul style="list-style-type: none"> Amends the requirements in current law for coverage of prosthetic devices to clarify that coverage must be provided by health insurance carriers for the prosthetic device determined by the enrollee's provider to adequately meet the recreational needs of an enrollee as well as the medical needs of an enrollee Applies to policies and contracts issued or renewed on or after January 1, 2022. 	<ul style="list-style-type: none"> Under current law, carriers required to provide coverage for medically necessary prosthetic devices determined by the provider to adequately meet the medical needs of an enrollee Prosthetic devices designed exclusively for athletic purposes are not required to be covered How do carriers determine what is medically necessary? 	Tabled; staff working with stakeholders to draft proposed amendment for review and referral to BOI

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			<ul style="list-style-type: none"> • Should recreational needs be considered? • Consider potential costs to State for defraying costs of benefits beyond EHB? Because bill adds a specific requirement for coverage, the State may be required to defray any additional subsidy costs for qualified health plans • Consider financial impact on premiums and impact on costs to State Employee Health Plan? • Cumulative estimated max. cost of existing requirement as a percentage of premium is 0.03% to 0.08% (BOI estimate) 	
Proposals Voted on by Committee				
LD 599	An Act to Require Coverage for Certain Ultrasound Exams	<ul style="list-style-type: none"> • Requires insurance carriers to provide coverage in health plans for ultrasound services when a provider considers the procedure necessary during a physical or a preventive exam. 	<ul style="list-style-type: none"> • Sponsor indicated at hearing that intent focused on coverage for ultrasound exam recommended following mammogram. Current law provides coverage for screening mammogram, including additional radiologic procedure recommended by provider when initial results are not definitive • Consider amending language to focus on sponsor’s intent? • As drafted, language requires coverage “when a provider considers the procedure necessary”. Carriers generally cover medically necessary ultrasound exams 	ONTP

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			<ul style="list-style-type: none"> • Is issue extent to which cost-sharing or deductible applies to services? • Consider potential costs to State for defraying costs of benefits beyond EHB? Because bill adds a specific requirement for coverage, the State may be required to defray any additional subsidy costs for qualified health plans • Consider financial impact on premiums and impact on costs to State Employee Health Plan? • Consider adding specific application date? 	
LD 600	An Act to Require Insurance Coverage for Certified Midwife Services	<ul style="list-style-type: none"> • Requires insurance coverage for services performed by certified midwives • Applies to policies and contracts issued or renewed on or after October 1, 2021 	<ul style="list-style-type: none"> • Under current law, services of certified nurse practitioners and certified nurse midwives are covered when the services are covered services and within scope of practice • As drafted, bill adds certified midwives to those existing provisions • Under the ACA, mandated provider laws are not considered additions to essential benefits that would require the State to defray any additional costs • ACA also prohibits discrimination against a provider based on a provider’s license or certification, to the extent the provider is acting within the scope of the provider’s 	OTP-A; Amend to change application date to 1/1/22

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			<p>license or certification under applicable state law. This provision does not require carriers to accept all types of providers into a network or govern specific reimbursement rates</p> <ul style="list-style-type: none"> As drafted, bill applies to those policies issued or renewed on or after October 1, 2021. Consider application date of January 1, 2021? 	
LD 1115	An Act to Improve Access to HIV Medications	<ul style="list-style-type: none"> Requires that any drug formulary used in the MaineCare program must ensure that HIV prevention drugs are available to members covered by MaineCare. Requires health insurance carriers to provide coverage for an enrollee for HIV prevention drugs that have been determined to be medically necessary by a health care provider. If the federal Food and Drug Administration has approved one or more therapeutic equivalents of an HIV prevention drug, a carrier is not required to cover all of the therapeutically equivalent drugs as long as the carrier covers at least one therapeutically equivalent drug at the tier with the lowest cost-sharing requirement on the carrier's prescription drug formulary. Prohibits a carrier from imposing prior authorization or step therapy requirements on any HIV prevention drug, except that, if the federal Food and 	<ul style="list-style-type: none"> MaineCare testimony indicates coverage being currently provided for 2 PReP medications without prior authorization for members Federal requirements (codified in Maine law) now consider PReP as an "A" rated preventive service so health plans required to provide coverage with no cost-sharing (federal guidelines do permit plans to cover selected generics or brand-name drugs and require prior authorization) Amendment suggested to align with federal requirements and require coverage with no cost sharing Amendment suggested to specify coverage required for associated lab testing for those taking PReP Concerns raised about whether current drugs are therapeutically equivalent and what costs would 	<p>Voted OTP-A; Amend to clarify required coverage and to require coverage for associated laboratory services; technical changes to clarify pharmacist authority to prescribe, dispense and administer HIV medications</p> <p><i>Amendment exempts bill from requirement for mandate review by BOI</i></p>

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		<p>Drug Administration has approved one or more therapeutic equivalents of an HIV prevention drug, a carrier is required to cover at least one therapeutically equivalent drug without prior authorization or step therapy requirements.</p> <ul style="list-style-type: none"> • Requirements with regard to health insurance carriers apply to health plans issued or renewed on or after January 1, 2022 • Authorizes a pharmacist to dispense HIV prevention drugs under certain conditions without a prescription subject to rules for dispensing and protocols adopted by the Maine Board of Pharmacy. 	<p>be to health plans if has to cover both at lowest tier or without cost sharing</p> <ul style="list-style-type: none"> • As drafted, bill includes exemption from requirements for mandate review • Amendment suggested to continue to permit prior authorization and step therapy processes to apply to these medications • Amendment suggested to reduce maximum supply of PReP that can be provided by a pharmacist without a prescription from 60-day supply to 30-day supply • Amendment suggested to require pharmacist to have collaborative agreement with physician in place • Currently pharmacists may not generally dispense medication without a prescription –as drafted, bill would require Board of Pharmacy to develop protocols for dispensing and require training 	