



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
BUREAU OF INSURANCE



Janet T. Mills  
Governor

Anne L. Head  
DPFR Commissioner

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Acting Superintendent

May 8, 2023

Senator Donna Bailey, Chair  
Representative Anne Perry, Chair  
Joint Standing Committee on Health Coverage, Insurance and Financial Services  
100 State House Station  
Augusta, ME 04333-0100

Re: L.D. 1220, An Act to Require Lyme Disease Vaccine Coverage for State-regulated Health Plans

Dear Senator Bailey, Representative Perry, and Members of the Committee:

The Bureau of Insurance takes no position on L.D. 1220. The purpose of this letter is to provide you with background information. This bill would require carriers offering health plans in the State to provide coverage for Lyme disease vaccines authorized by the federal Food and Drug Administration. Carriers would not be allowed to impose any deductible, copayment, or other cost-sharing requirements on enrollees, including the costs associated with administration. The requirements of the bill apply to health plans issued or renewed on or after January 1, 2024.

Pursuant to §4320-A "Coverage of preventive and primary health services," it is already required that health plans provide coverage for vaccinations that have a rating of A or B in the recommendations of the United States Preventive Services Task Force or equivalent rating from a successor organization.

Please note that currently, there is not an approved Lyme vaccination available.

Beginning in 2014, states were required to defray the costs of all mandates that are included in Qualified Health Plans, unless those mandates are required as part of the essential benefit package. The Affordable Care Act (ACA) directs states to make payments either to the individual enrollee or to the insurer. Generally, any mandate adopted by a state after December 31, 2011 is subject to the requirement for the state to defray the additional premium cost of that mandate, unless it is an extension of an existing mandate, a provider mandate, or a cost-sharing requirement.

Title 24-A M.R.S. § 2752 requires a review and evaluation of a mandated benefit proposal by the Bureau of Insurance before the bill may be enacted. These reviews include an evaluation of the financial impact, social impact and medical efficacy of the mandate. If a report is requested it could cost the Bureau up to \$13,500 for outside contract consulting work plus staff time, estimated at a cost of \$1,600 to collect information, review consultant work, and prepare the final report. We anticipate that current resources will allow us to conduct up to two studies during the current session, and we will need eight weeks for each report to ensure a high-quality evaluation.

I hope this information is useful to the Committee. Please let me know if I can provide any further assistance.

Sincerely,

Timothy N. Schott  
Acting Superintendent

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