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

Janet T. Mills	Anne L. Head	Timothy N. Schott
Governor	DPFR Commissioner	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. 0995, An Act to Provide Insurance Coverage for a Second Opinion If a Health Care
          Provider Recommends an Abortion for Health or Safety Reasons

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

The Bureau of Insurance takes no position on L.D. 995. The purpose of this letter is to provide you with background information. This bill adds a sub-section to the "Informed consent to abortion" statute (22 M.R.S. § 1599-A) to require physicians, PAs, and APRNs to notify pregnant women of the right to a second opinion when the provider has recommended an abortion because of health or safety reasons. The bill also amends the Health Plan Improvement Act (24-A M.R.S. § 4320-M) to require a health insurance carrier to cover the costs of a second opinion and any additional testing by any provider of the enrollee's choice after the enrollee's provider has recommended an abortion due to the health or safety of the enrollee or fetus. The bill also requires health care professionals to inform a patient in writing of the availability of health insurance coverage for the costs of that second opinion.

The Title 22 provision in the bill requires the health care professional to give the enrollee written notice of the availability of health insurance coverage for the costs of the second opinion. However, it does not provide any guidance on the contents of the notice, how that provision shall be enforced, or the consequences for failure to provide the notice.

This bill would also require carriers to pay for an office visit and any related testing, with no cost-share to the member. A survey of the policy language used in current plans indicates that the major carriers already allow for coverage of second opinions when provided by a network provider with no practice association with the original provider, but some carriers require the copayment/coinsurance typically charged for office visits and testing. Mandating this coverage without cost sharing could result in a small premium impact. The Committee may also want to consider the unintended consequences associated with imposing a requirement to prohibit cost sharing that would conflict with or be preempted by federal law as it relates to high deductible health plans.

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,

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estimated at a cost of $1,600 to collect information, review consultant work, and prepare the final report. We will need eight weeks for each report to ensure a high-quality evaluation. If the Committee wants to have the Bureau study this mandate, it may want to consider changing the effective date to January 1, 2025 to allow time for the study and for carriers to then implement the changes. We do not believe this bill would require defrayal since it is an expansion of existing coverage and a cost-sharing requirement.

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

Cc: Representative Tracy Quint