Janet T. Mills
Governor

STATE OF MAINE
STATE EMPLOYEE HEALTH COMMISSION
61 State House Station
Augusta, ME 04333-0061

Jonathan French
Labor Member, Co-Chair

Michael Dunn
Management Member, Co-Chair

STATE EMPLOYEE HEALTH COMMISSION MEETING

Thursday, February 19, 2026 @ 8:30am
Microsoft Teams Meeting
Department of Labor
45 Commerce Drive, Francis Perkins Conference Room
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Lois Baxter, Cecile Champagne-Thompson, Lynn Clark, Laurie Doucette, Michael Dunn, Jonathan French, Michael Frost, Joan Hanscom, Christopher Ike, Rebekah Koroski, Doris Parenteau, Shonna Poulin-Gutierrez, Heidi Pugliese, Joanne Rawlings–Sekunda, Kim Vigue, Frank Wiltuck, and Nathaniel Zmek.
(Total = 18)

Commission Members Absent: Claire Bell, Kelly John, and Danielle Murphy.
Vacant Seat(s): 4

Others Present: Emily Charlton, Paige Fortin, Devon French, Charles Luce, Nathan Morse and Neva Parsons – The Office of Employee Health, Wellness, and Workers' Compensation; Carrie Allen – Aetna; Amanda Brown, Kathy Caiazzo, Becky Craigue, Kristine Ossenfort and Nicole Schmidt – Anthem; Lori Fecteau and Kristin Poulin – MCD Global Health; Avni Doshi and Laura Kayvonfar – Capital Rx; Marie Bridges – Northeast Delta Dental; Joe Miller – Novo Nordisk, Amy Deschaines, Amanda McKenzie, and Ken Ralff – Lockton; Lisa Nolan– Health Purchasers Alliance; and Laura Robert – Sunlife.

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:36 am)	**Labor Member, Jonathan French** called the meeting to order.	
II. Introductions		
III. Review and Approval of Minutes (January 15, 2026)	**Labor Member, Jonathan French** requested an amendment to the January 15, 2026, minutes to indicate that Management Member, Michael Dunn facilitated that meeting.	**Management Member, Heidi Pugliese** made a motion to approve the amended January 15, 2026, minutes. **Labor Member, Michael Frost** seconded the motion. **Labor Member, Lois Baxter,**

		Management Member, Cecile Champagne Thompson, and **Labor Member Nathaniel Zmek** all abstained. Motion approved.
	IV. Recurring Monthly Business	
a. Employee Health and Wellness Highlights – *The Office of Employee Health, Wellness, and Workers' Compensation*	Information contained in written report; highlights and discussion noted below: **Wellness Highlights –** • Cancer-Screening Project: A project is underway to assist more eligible State of Maine Health Plan members schedule and complete screenings for breast, colon, skin and cervical cancers. The MaineCare screening service capacity is being examined to organize and deploy support for members in scheduling and completing these essential cancer screenings starting September 2026. **Communication Highlights –** • Constant Contact: The following campaigns have been sent to one or more of the State of Maine groups in January: Cervical Health Awareness Month (14,382 Recipients, 49% Open Rate, 1% Click Rate), 2026 Health Premium Credit Program (11,721 Recipients, 54% Open Rate, 5% Click Rate), Financial Wellness Month (11,700 Recipients, 50% Open Rate, 1% Click Rate), Aetna Silver Sneakers Program (760 Recipients), 65% Open Rate, 13% Click Rate). Please note that the Book of Business Open Rate is 50%, and the Book of Business Click Rate is 3%. **General Reminders –** • The Plan Design Committee met on January 16 and on February 13. • Interviews for the vacant Benefits Specialist position are in preparation.	

b. Committee Updates – *Chair* **i. Legislative Committee – *Co-chair*** **(1) Legislative Updates – *Health Purchaser Alliance***	LD 2148 is the proposed legislation to change the CPI+3% cap on health plan premiums to CPI+10%. There was a divided report, but it seems likely to pass with at least a 6% cap which would be effective for the July 1, 2027, renewal. The 2nd session of the 132nd Legislature, which is a "short" session, convened in January and has a statutory adjournment date of April 15. Bills introduced in this session are emergency in nature and must be approved by legislative leadership. About 200 new bills are expected to be introduced, and action will also be taken on the nearly 400 bills carried over from last year. **Mandates/Benefit Expansion –** • LD 107, An Act to Require Health Insurance Coverage for Biomarker Testing. Status: Placed on Special Appropriations Table with FY26/27 costs of approximately $1.2M. • LD 582, An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances. Status: Placed on Special Appropriations Table with FY26/27 costs of $90K. • LD 784, An Act to Create a Rebuttal Presumption Relates to Specialized Risk Screening for First Responders. Status: Enacted into law. • LD 1502, An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening. Status: Ought to pass as amended (12-1 vote). • LD 1530, An Act to Improve the Sustainability of Emergency Medical Services in Maine. Status: Divided report out of committee with 6 ought to pass as amended, 6 ought not to pass and 1 ought to pass original bill. • LD 2119, An Act to Expand Reimbursement for Treatment in Place, Community Paramedicine and Alternative Destination Transport. Status: Public hearing at Health and Human Services on February 11. **Hospital Prices –**	

- LD 2196, An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care. Status: Referred to committee (Health and Human Services).

State Employee Health Plan-Specific Bills –

- LD 328, An Act Requiring the State to Pay a Retired State Employee's or Retired Teacher's Premium for Medicare Part B Under Medicare Advantage. Status: Placed on Special Appropriations Table.

- LD 467, An Act to Require the State to Pay Medicare Part B Premiums for Certain Retired State Employees. Status: Placed on Special Appropriations Table.

- LD 2148, An Act to Amend the Laws Governing the Health Insurance Premium Cap for State Employees. Status: Divided report with 6 ought to pass, 4 ought to pass as amended, and 1 ought not to pass.

SEHC Government Evaluation Act Review –

- The Health Coverage, Insurance and Financial Services committee conducted a Government Evaluation Act review of the SEHC in January 2026, with the most recent evaluation in 2017. The review included a report from the Executive Director of the Office of Employee Health, Wellness and Workers' Compensation. The committee unanimously concluded that the SEHC is operating within its statutory authority and meeting its statutory responsibilities, with a number of committee members expressing strong support for the commission's work and accomplishments.

- Health Coverage, Insurance and Financial Services (HCIFS) Praise for the SEHC: There was positive feedback provided by committee members during the review including the observations that the commission should be commended and recognized for good work and for trying to put into place a model plan.

Prior Authorization –

- LD 910, An Act to Collect Data to Better Understand the Consumer's Health Insurance Experience. Status: Dead.

- LD 1301, An Act to Prohibit the Use of Artificial Intelligence in the Denial of Health Insurance Claims. Status: Dead.

- LD 1496, An Act to Ensure Ongoing Access to Medications and Care for Chronic Conditions and Conditions Requiring Long-term Care by Changing Requirements for Prior Authorizations. Status: Placed on Special Appropriations Table. Annual costs to the state employee plan would be approximately $3.9M.

Pharmacy –

- LD 697, An Act to Direct the Maine Prescription Drug Affordability Board to Assess Strategies to Reduce Prescription Drug Costs and to Take Steps to Implement Reference-based Pricing. Status: Enacted into law.

- LD 2005, An Act Regarding Mail Order Delivery of Prescription Drugs. Status: Ought to pass as amended.

- LD 2071, An Act to Expand Access to Vaccines Approved by the United States Food and Drug Administration by Allowing Pharmacists to Prescribe, Dispense and Administer Vaccines and Require Insurance Coverage. Status: Ought to pass as amended (divided report).

- LD 2146, An Act to Increase Access to Critical Vaccinations. Status: Ought to pass as amended (divided report).

Certificate of Need –

- LD 1890, An Act to Facilitate the Development of Ambulatory Surgical Facilities by Exempting Certain Facilities from the Requirement to Obtain a Certificate of Need. Status: Ought to pass as amended (divided report).

- LD 2190, An Act to Implement Certain Changes in the Certificate of Need Laws Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. Status: A public hearing is scheduled for February 18.

Certificate of Need (CON) Threshold Increase –

- LD 1890, An Act to Facilitate the Development of Ambulatory Surgical Facilities by Increasing the Monetary Threshold for Certain Facilities from the Requirement to Obtain a Certificate of Need and to Index the Threshold Annually Thereafter. Status: Ought to pass as amended.

Affordability in Certificate of Need Review –

- LD 2190, An Act to Implement Certain Changes in the Certificate of Need Laws Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. Status: There is a public hearing scheduled for February 18.

Health Transaction Commission –

Last year the Legislature created the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State to review and make recommendations related to state oversight of healthcare transactions. Several bills have been introduced this year based on those recommendations, including the following:

- LD 2189, An Act to Require Prior Notification of Closures of Labor and Delivery Units and Changes in Maternity or Newborn Care Services by Hospitals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. Status: Public hearing scheduled on February 18.

- LD 2197, An Act to Prohibit the Sale and Leaseback of a Health Care Entity's Main Campus to a Real Estate Investment Trust as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. Status: There is a public hearing scheduled for February 18.

- LD 2198, An Act to Implement Certain Recommendations Related to the Ratio of Debt to Equity in Transactions Involving Health Care Entities from the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. Status: Public hearing scheduled for February 18.

- LD 2199, An Act to Prohibit Interference with the Professional Judgment and Clinical Decisions of Licensed Health Care Professionals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. Status: There is a public hearing scheduled for February 18.

- LD 2200, An Act to Prohibit Noncompete Clauses for Health Care Professionals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State. Status: There is a public hearing scheduled for February 18.

- LD 2201, An Act to Implement Certain Recommendations Related to the Regulatory Review and Approval of Certain Health Care Transactions Involving Private Equity Companies, Hedge Funds or Management Services Organizations from the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact Delivery of Health Care Services in the State. Status: There is a public hearing scheduled for February 18.

- LD 2202, An Act to Require Notice to the Attorney General Prior to the Merger of Certain Health Care Entities as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care

	Transactions That Impact the Delivery of Health Care Services in the State. Status: A public hearing is scheduled for February 18.	
ii. Plan Design – *Co-chair*	The Plan Design Committee met on February 13 and subsequent meetings are scheduled for March 5 and March 13. The goal is to present recommendations to the Commission at the March 19 meeting. The renewal projection has come down from 12.3% to 9.6% with the Consumer Price Index +3% cap being 5.7%. Options to discuss include looking at the calculated interest on unappropriated surplus and various plan design changes. Virta's Responsible Prescribing Program was discussed in depth and it was agreed to implement this program because of cost savings and regulation of glucagon-like peptide-1 (GLP-1s) by assisting members in transitioning off these medications. It was also agreed to make no changes to the dental plan.	
	V. QUARTERLY PLAN UPDATES	
a. Medicare Advantage Plan – *Aetna*	Information contained in written report; highlights and discussion noted below: • Medical Utilization: Of the 9,156 plan members, 48.7% are male and 51.3% are female. The average age of members is 75.6, with Aetna's Book of Business average age being 75.9. • Executive Summary of Utilization: Data compares November 2023-October 2024 with November 2024-October 2025. There was a 12.8% increase in patient admissions per 1,000, a 25.7% increase of non-acute admissions per 1,000, a 5.1% increase in medical paid amount for catastrophic claims and a 1.6% increase in office visits per 1,000. There was a 0% decrease in ER cases per 1,000, and a 3.2% decrease in inpatient surgeries. • Cost Analysis of Aetna Medicare Advantage Plan in the State of Maine: Total medical / pharmacy increased 9.5%; total pharmacy paid amount increased 10.3%; pharmacy paid amount per member increased 9.7%; total medical	**Management Member, Joanne Rawlings-Secunda** asked why non-acute admissions have increased. Anthem responded that while it's been noted across Book of Business, the specific reason why can't be determined. **Labor Member, Jonathan French asked** whether the reported lack of effectiveness of this season's flu vaccine may have increased admissions. **Anthem responded** that they would take this back and look into this possibility.

	paid amount increased 9%; medical paid amount per member increased 8.3%; inpatient paid amount per member increased 10.8%; and ambulatory paid amount per member increased 7.3%. The key insight is that pharmacy and inpatient costs play a major role in overall spending. • Outcomes of Utilization: High cost claimants (HCCs) have $75K+ in medical costs. In this period there were 288 high cost claimants, which is an increase of 18.8% over the prior period, and medical paid was at a 32.7% increase. The average cost for a high cost claimant was $139,614, an 11.8% increase. High cost claimants represent 28.7% of the total paid and is a 5.1% increase. The top spend by diagnosis are Oncologic at 28.1%, Cardiac at 14.9%, Musculoskeletal at 13.6%, Neurological at 9.6%, and Endocrine at 7%. • Top 10 Medical Catastrophic Claims Exceeding $75,000: The diagnoses for the top 10 claims included Endocrine/Metabolic Disorders, Oncologic Disorders, Cardiac Disorders, Neurologic Disorders, Infectious Disease, and Rheumatologic Disorders. Inpatient cost was $13,465,372 and Ambulatory was $18,366,621 for a total of $31,831,993. • Telehealth Services: The paid amount of telehealth services for this period was $418K, a 5.1% increase over the prior period. The number of visits decreased by 3.8% from 3,895 to 3,748, and the visits per 1000 decreased by 4.3% from 427.9 to 409.3. Paid per visit increased 9.2% from $107 to $117. The top diagnosis groups by visit are Depression, Anxiety/Personality/Eating/Other, Adjustment Reaction, Neurologic Disorders – Other, Bipolar Disorder, Unspecified Morbidity, Diabetes Mellitus, Endocrine Disorders – Other, Atrial Fibrillation/Flutter, and Hypertension. Visits by medical cost category were Specialist Physician at 43%, Primary Physician at 12%, Mental Health at 44%, and All Other at 2%. • Classification of Diagnoses: Cardiac was 14.7% of total paid, Oncologic was 14.3%, Musculoskeletal was 11.3%, Neurologic was 8.9%, Digestive was 6%, Endocrine/Metabolic was 5.6%, Rheumatologic was 4.7%, Respiratory was 4.7%, Eye was 4.4%, Infectious Disease was 3.8%, Injury/Poisoning was 2.8%, Skin was 2.7%, Urologic was 2.5%, Renal was 2.2% and all other diagnostic categories was 11.5%.	**Labor Member, Joan Hanscom asked** how many member emails are available for outreach and how these emails are obtained. **Anthem responded** that they will reach out to the clinical team doing outreach to determine that number and the collection method. **Labor Member, Jonathan French asked** whether the lower incidence of musculoskeletal claims reflects the Carrum carve out. **Anthem responded** that going forward an asterisk would be included in reporting indicating that Carrum claims are excluded.

Pharmacy Part D Plan Performance –

- Pharmacy Utilization for Aetna Part A & B in the State of Maine: The 2025 data encompasses membership and claims incurred from January 1, 2025, through December 31, 2025. There were 9,167 members enrolled with 9,113 members filing claims. Of all prescriptions, there was a total of 239,852 with an average member cost share per script of $137.10. Generic utilization was 86.9% while mail order utilization was 3.1%. There were 3,712 Specialty scripts with an average member share per script of $15.94. There were 507 unique members with Specialty scripts.

- Top Prescription Medications Dispensed in Maine for Parts A & B: The top prescription medications dispensed were Eliquis, Jardiance, Humira Pen Injectable, Mounjaro (4) Injectable, Trulicity Injectable, Dupixent Injectable, Xeralto, Skyrizi Pen Injectable, Ofev, and Stelara Injectable.

Q1 2026 Next Best Action Initiatives –

- Annual Checkup Health Personalization: This is a campaign encouraging members to schedule and complete their annual wellness visit (AWV) and any other necessary follow-up visits with a Primary Care Provider. The campaign launches in January 2026 via email.

- Lower Tier Drugs: This next best action is to provide options to Medicare Advantage Prescription Drug (MAPD) members on a higher formulary tier, higher cost medication to switch to the therapeutically equivalent lower cost alternative on a lower formulary tier. The communication will go out via email, text, and direct mail to members, with faxes sent to providers, in February 2026.

- Lower Cost Alternative (LCA): This informs Medicare members, and their providers, filling non-formulary prescriptions to switch to the therapeutically equivalent lower cost alternative. This can save on prescriptions by switching to lower cost drugs. The communication goes out to members via email, text or direct mail, with faxes to providers, in February 2026.

	• Extreme Weather: The goal is to advise residents residing in census tracts expecting an approaching cold front within the next two days to follow the recommended safety measures. Extreme cold conditions are characterized by a wet bulb globe temperature below 32 degrees Fahrenheit and wind chill under 36 degrees Fahrenheit. In summer these messages shift to extreme hot weather conditions. The communication goes out to members in February 2026 via email, rich communication services or text.	
b. State of Maine Health Plan-Medical Update – *Anthem*	Information contained in written report; highlights and discussion noted below: • About Your Review: The current reporting period is paid January 2025-December 2025 while prior period is paid January 2024-December 2024. High-cost claimants are paid claims of $100K or higher and non-high-cost claimants are those with paid claims below $100K. The data is benchmarked against Northeast – Connecticut/Maine/New Hampshire commercial state accounts. • Financials and Demographics: Employees account for 56% of the membership with 62% of the paid amount. Spouses were 15% of members with 22% of the paid amount, and children were 29% of members at 16% of the paid amount. • Enrollment: Membership increased 2.3% in the current period. The average member age was 38.7 compared to 37.4 for the benchmark. The average employee age was 48.6 and females were 52% of employees while 40% was Generation X (1965-1980). There were 1,690 members aged 65 or older. • Insights on Medical Trend: Total medical per member per month cost increased by $31 per member per month, or 5% in the current period. This was largely driven by high-cost claimants, dependent members, and Digestive System health condition category. • Place of Service: Inpatient is at $158 per member per month for a total of $50.1M, or 22.8% of total spend. Circulatory System was the highest spend category for Inpatient. Outpatient is at $259 per member per month for a total of $82.1M or 37.4% of the total spend. Cancer was the highest spend	

condition category for Outpatient. Emergency is at $57 per member per month for a total of $18M which is 8.2% of total spend. Top diagnoses by emergency room visits are Abdominal/Pelvic Pain, Throat/Chest Pain, and Nausea/Vomiting. Professional was at $220 per member per month for a total of $69.5M or 31.7% of total spend. Behavioral Health and Health Status were the highest spend condition categories for Professional.

- Top 5 Health Condition Categories: Cancer is the number one condition with 1,029 claimants or 3% of members. The cost is $22.9M, or 10% of the total spend. The number two condition is Circulatory with 4,497 claimants, or 15% of members, with a cost of $22.9M or 10% of total spend. Health Status is the number three condition with 21,228 claimants or 72% of members. The cost is $22M, or 10% of the total spend. The number four spend is Digestive with 4,022 claimants or 14% of members, with a cost of $21.8M or 10% of the total spend. Musculoskeletal is the number five condition with 9,555 claimants or 32% of members, with a cost of $17.8M or 8% of the total spend.

- Potentially Impactable Conditions: Many chronic conditions may be preventable or treatable with lifestyle modification. Implementation of wellness initiatives or incentives that target healthy eating, exercise and stress management should be considered. The condition prevalence of Obesity is 235.1 per 1,000, Hypertension is 209.2, Low Back Pain is 187.7, Diabetes is 84.4, Asthma is 107.3, and Cancer is 46.4. Obesity has the highest prevalence rate and is the top rising chronic condition. Low Back Pain is the top falling chronic condition by prevalence. Twenty-one percent of members had 2 or more chronic conditions.

- High-Cost Claimants (Medical): High-cost claimants are 1.1% of members and 33.1% of spend, and medical specialty drugs accounted for 15% of the high-cost claimant spend. Of the 324 high-cost claimants, 64% are employees and 21% are repeat high-cost claimants. The top five high-cost claimant condition categories by per member per month are Cancer, Circulatory, Digestive, Infectious/Parasitic, and Injury and Poisoning. By paid band, there are 246 members at $100k-$249K, 61 at $250K-$499K, 15 at $500K-$999K, and 2 at over $1M.

- Behavioral Health Details: There are 7,247 Behavioral Health Claimants and paid per member per month has increased by 7.2% to $49.82. Eighty-nine percent of members have a visit with a Primary Care Provider. Per 1,000 claimants, prevalence of Anxiety has increased by 4.2%, Depression by 2.7% and Attention Deficit Hyperactivity Disorder by 17.2%. Spend change in per member per month has seen an increase in Depression by 15.7% and 16.4% for Anxiety while Alcohol and Drug spend has decreased by 13.1%. Professional Outpatient services was 69.9% of the total Behavioral Health spend, with visits per 1,000 increasing by 13.6% and 47.6% of visits attended via telehealth.

- Behavioral Health Metrics: Of members with a Behavioral Health diagnosis, 52.3% have at least one other chronic condition. Patients with medical and behavioral condition comorbidity cost more and are less compliant with key condition management actions (e.g., medication compliance, etc.). The top chronic conditions with Behavioral Comorbidity are Asthma, Chronic Obstructive Pulmonary Disease, Low Back Pain, Obesity, End Stage Renal Disease, Transplant, and Congestive Heart Failure.

- Preventive Screenings: Prevention and well visits play a key role in the wellbeing of member population. Regular wellness checks and cancer screenings increase early detection, which is shown to improve a member's outcome as well as decrease illness severity and cost. Primary care relationships help to promote preventive screenings. Screening rates have increased in 6 out of 8 categories, and 62% of members had an adult wellness visit while 77% of members had a Primary Care Provider visit. Members, without a Primary Care Provider visit, had a lower compliance for cancer screenings.

- Traditional Engagement: Encourage members to establish a Primary Care Provider relationship. Investigate and correct invalid phone numbers. Communicate regarding health benefits available to members via engagement with a nurse and consider the Anthem advocacy solution to support members for personalized care. Of the 26,387 total members, 5,002 were identified for management with 598 of those identified participating in engagement.

	• Top Ten In-Network Facility Providers: Inpatient providers were Maine Medical Center, Eastern Maine Medical Center, General Hospital Corporation (Boston), MaineGeneral Medical Center-Augusta, MaineGeneral Medical Center-Waterville, Brigham & Women's Hospital (Boston), Children's Hospital (Boston), Central Maine Medical Center, Acadia Hospital, and Mid Coast Hospital. Outpatient providers were Maine Medical Center, MaineGeneral Medical Center-Augusta, Eastern Maine Medical Center, MaineGeneral Medical Center-Waterville, Central Maine Medical Center, Mercy Hospital, St. Joseph Hospital, Maine Medical Center-Scarborough, Pen Bay Medical Center, Mid Coast Hospital. • Top 20 Emergency Department Providers by Paid Amount: The providers were MaineGeneral Medical Center-Thayer, Maine Medical Center, Central Maine Medical Center, Eastern Maine Medical Center, Pen Bay Hospital, St. Joseph Hospital, AR Gould Hospital, Mid Coast Hospital, Franklin Hospital, Lincolnhealth-Miles Campus Hospital, Saint Mary's Regional Medical Center, Redington-Fairview General Hospital, Waldo Hospital, Stephens Hospital, Maine Coast Hospital, Mercy Hospital, Cary Medical Center, Sebasticook Valley Hospital, Down East Community Hospital, and Houlton Regional Hospital. • High Level Administrative Fees and Claims: In December 2025, Administrative Fees-Medical was $461K, Health and Wellness Fees were $14K, Claims-Medical was $22M, State Surcharges and Fees (NYHCRA) was $32, State Surcharges and Fees (VCC_IMM) was $108K, and Maine Guaranteed Access Reinsurance Associates (MGARA) fees was $16K.	
VI. SEMI- ANNUAL UPDATES		
	There are no semi-annual updates.	
VII. OTHER BUSINESS		

a. Open Discussion	• **Joe Miller of Novo Nordisk** commented that he sees the downstream effects of obesity and asks the Commission to meet with weight management experts in Maine or at Novo Nordisk regarding this issue, or to bring in subject matter experts to speak on obesity before making any decisions on plan design. • **Labor Member, Jonathan French** is working on Commission labor vacancies and will try to get a new member by March so that those members have representation.	
	VIII. MOTION TO ADJOURN	
VIII. Adjourn Meeting (11:28 am)		**Labor Member, Laurie Doucette** made a motion to adjourn. **Management Member, Frank Wiltuck** seconded the motion. Motion approved.

2026 meeting schedule available at www.maine.gov/bhr/oeh