

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, March 20, 2025 @ 8:30am Microsoft Teams Meeting

45 Commerce Drive Department of Labor Francis Perkins Conference Room Augusta, ME 04330

<u>Commission Members in Attendance</u>: Olivia Alford, Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Laurie Doucette, Michael Dunn, Jonathan French, Joan Hanscom, Kelly John, Rebekah Koroski, Danielle Murphy, Doris Parenteau, Shonna Poulin-Gutierrez, Heidi Pugliese, Joanne Rawlings–Sekunda, Kim Vigue, and Nathaniel Zmek (Total = 19)

<u>Commission Members Absent</u>: Jenny Boyden, Christopher Ike, Chris Russell and Frank Wiltuck <u>Vacant Seat(s)</u>: 2

<u>Others Present</u>: Paige Lamarre, Emma-Lee St. Germain, Devon French, Roberta Dupont, Charles Luce, Emily Charlton, Rebecca Adams, Neva Parsons, and Nathan Morse – The Office of Employee Health, Wellness, and Workers' Compensation; Kevin Anderson, Maine State Law Enforcement Association; Kimberly Jacques – Human Resources, Judicial Branch; Kristine Ossenfort, Becky Craigue and Jennifer Weber – Anthem Blue Cross and Blue Shield; Libby Arbour and Kristin Poulin – MCD Global Health; Marie Bridges – Northeast Delta Dental; Thomas Young – Livongo; Amy Deschaines, Terry LaMonica, Ken Ralff, Ed Pierce, Kim Greenberg and Jacqueline Scherer – Lockton; Trevor Putnoky and Lisa Nolan – Health Purchasers Alliance; Avni Dosh, Josh Golden and Brenden Horwitz – Capital Rx; Laura Robert – Sun Life

Agenda Item	Discussion	Action/Next Steps
I. Call Meeting to Order (8:31 am)	Labor Member, Jonathan French called the meeting to order.	
II. Introductions		
III. Review and Approval of Minutes (February 20 <sup>th</sup> , 2025)		Labor Member, Kevin Dionne made a motion to approve the February 20 <sup>th</sup> , 2025, minutes. Management Member, Michael



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		<b>Dunn</b> seconded the motion. <b>Labor</b> <b>Member, Claire Bell</b> 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 –	
	• <u>Living Resources Program</u> : Living Resources Program training requests continue to increase. There are 113 sessions scheduled in 2025. 34 sessions have been completed with approximately 340 participants.	
	• <u>2025 Wellness Wallet Program</u> : 294 members have utilized the subsidy within the first two months with a total spend of \$15,886. The top categories of utilization include Athletic Equipment and Gear, Fitness App or Subscription, and Athletic Clothing.	
	<ul> <li>Communications Highlights –</li> <li>Constant Contact: The following campaigns have been sent to one or more of the State of Maine groups in February 2025: American Heart Month (11,449 Recipients; 39% Open Rate; 1% Click Rate), Aetna Meal Delivery (682 Recipients; 65% Open Rate; 2% Click Rate), 2025 Health Premium Credit Program (11,348 Recipients; 59% Open Rate; 8% Click Rate), and Hinge Health Promotion (13,019 Recipients; 50% Open Rate; 1% Click Rate).</li> </ul>	
	<ul> <li>Contracts –</li> <li>The Request for Proposal (RFP) review for Health and Welfare Benefits Consulting has been completed.</li> <li>There are approximately 30 contracts in progress.</li> </ul>	
b. Committee Updates	Information contained in written report; highlights and discussion noted below:	Management Member, Michael <b>Dunn</b> made a motion to accept the
	<ul> <li>Plan Design (Chair, Lockton) –</li> <li>Dental – With claims through December 2024 Lockton is projecting an increase to working rates of 2%. The Plan Design Committee's recommendation is to increase working rates by 2% with no plan design changes.</li> </ul>	recommended changes to the Northeast Delta Dental plan for July 1, 2025, of increased working rates of 2% with no other plan design



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changes. Labor Member, Rebekah Koroski seconded the

motion. Motion approved.

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- Medical/Pharmacy With claims through December 2024 Lockton is projecting an increase to working rates of 11.9%. Key assumptions include the trend at 7.5%, no margin, 20% stop loss placeholder, an Anthem administrative fee of \$31 Per Employee Per Month, Office of Employee Health, Wellness, and Workers' Compensation administrative fee of \$7.50 Per Employee Per Month, and Carrum, Capital Rx, Livongo, Virta and Wellness programming fees included. Because the statutory maximum rate change is Consumer Price Index + 3%, the rate change is capped at 6%. The Plan Design Committee's recommendation is to increase the working rate by 5.9% and implement the following plan design changes to reach the 11.9% increase:
- Medical
  - Increase Single/Family Deductible to \$800/\$1,600
  - Increase Coinsurance from 10% to 15%
  - Increase Single/Family Out of Pocket Maximum to \$3,750/\$7,500
  - $\circ$   $\;$  Increase Primary Care Physician Copay to \$30  $\;$
  - Increase Specialty Physician Copay to \$50
  - $\circ$  Increase Inpatient Medical Facility to 15% after Deductible
  - Maintain Emergency Room Deductible at \$300
  - Increase Urgent Care Copay to \$40
- Prescription Drugs:
  - Increase Generic Copay to \$25
  - Increase Preferred Brand Copay to \$50
  - Increase Non-Preferred Brand Copay to \$80
  - $\circ$   $\;$  Increase Specialty Copay to 25% up to \$200  $\;$
  - Increase Mail Order to 2x Retail Copay
  - Maintain Single/Family Out of Pocket Maximum at \$4,600/\$9,200

Labor Member, Kevin Dionne made a motion to accept the recommended changes to the Medical/Pharmacy plan for July 1, 2025: Implement the medical working rate increase of 5.9%, increase Single/Family Deductible to \$800/\$1,600; increase Coinsurance from 10% to 15%, increase Single/Family Out of Pocket Maximum to \$3,750/\$7,500, increase Primary Care Physician Copay to \$30; increase Specialty Physician Copay to \$50; increase Inpatient Medical Facility to 15% after Deductible, maintain Emergency Room Deductible at \$300, increase Urgent Care Copay to \$40, increase Generic Copav for prescription drugs to \$25, increase Preferred Brand Copay to \$50, increase Non-Preferred Brand Copay to \$80, increase Specialty Copay to 25% up to \$200, increase Mail Order to 2x Retail Copay, and maintain Single/Family Out of Pocket Maximum at \$4,600/\$9,200.Management

**Member, Michael Dunn** seconded the motion. Labor Member, Danielle Murphy opposed the motion. Motion approved.



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Legislative Subcommittee (Chair) –					
The following bills have been introduced and the Legislative Subcommittee reported on the bills' status:					
Bills Specific to the State Employee Plan					
<ul> <li>LD 91 – An Act to Authorize Employees of the Maine Association of Retirees to Be Eligible for Participation in the State Employee Hea Insurance Program was tabled with a letter on February 6, 2025, Department of Administrative and Financial Services testified in opposition.</li> </ul>	lth				
<ul> <li>LD 111 – An Act to Increase the State's Share of Retired Teacher Insurance was Voted Ought to Pass as Amended on March 3, 202 a high fiscal note expected.</li> </ul>					
<ul> <li>LD 328 – An Act Requiring the State to Pay a Retired State Emplo Retired Teacher's Premium for Medicare Part B under Medicare Advantage was Voted a Divided Report on March 12, 2025, with a fiscal note expected.</li> </ul>					
<ul> <li>LD 462 – An Act to Amend the Eligibility Criteria for Creditable Set the Armed Forces of the United States under Maine Public Employ Retirement System was Voted Ought to Pass as Amended on Man 2025, with a high fiscal note expected.</li> </ul>	/ees				
<ul> <li>LD 467 – An Act to Require the State to Pay Medicare Part B Pren for Certain Retired State Employees was Voted a Divided Report of 5, 2025, with a high fiscal note expected.</li> </ul>					
<ul> <li>LD 707 – An Act to Amend the Membership of the State Employee Commission and Make Referential Changes to the Office of Emplo Health, Wellness and Workers' Compensation was Voted Ought to Amended on March 12, 2025.</li> </ul>	yee				



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- Mandate Bills
  - LD 107 An Act to Require Health Insurance Coverage for Biomarker Testing was Voted a Divided Report on February 12, 2025.
  - LD 582 An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Per- and Polyfluoroalkyl Substances was Voted a Divided Report on March 12, 2025.
  - LD 627 An Act to Require Insurance Coverage for Glucagon-like peptide-1 (GLP-1) was Voted Ought Not to Pass on March 26, 2025.
- Other Bills Discussed by the Subcommittee
  - LD 93 An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults had a public hearing on February 5, 2025, with no work session scheduled yet.
  - LD 178 An Act Regarding Coverage for Step Therapy for Advanced Metastatic Cancer was Voted Out to Pass as Amended on February 12, 2025.
  - LD 459 An Act to Regulate the Use of Prior Authorization for Health Care Provider Services (concept) has nothing scheduled yet.
  - $\circ~$  LD 633 An Act Regarding Health Care (concept) has nothing scheduled yet.
  - LD 675 An Act to Protect Consumers by Increasing Transparency and Accountability in the Pharmaceutical Industry (concept) has nothing scheduled yet.



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	V. QUARTERLY PLAN UPDATES	
a. State of Maine Health Plan - Pharmacy Update - <i>Capital Rx</i>	<ul> <li>Information contained in written report; highlights and discussion noted below:</li> <li>Full Population Utilization – <ul> <li>Utilization Summary: Plan pay was \$7,856,102 with patient pay at \$307,076, with 44,315 claims at an average gross cost per claim of \$335.73. Plan pay by drug classification was \$391,165 Generic, \$3,812,934 Brand, and \$3,652,003 Specialty. Plan pay by drug class had Anti-Obesity Agents at the top with \$1,258,120.</li> <li>Drug Classification Summary: 89.9% of utilizers used Generic drugs at \$26 gross cost per claim, 28.4% used Brand drugs at \$1,015 gross spend per claim, and 3.7% used Specialty drugs at \$8,553 gross spend per claim.</li> <li>Top Drugs by Plan Spend: The top 5 drugs by plan spend were Wegovy, Humira (2 Pen), Stelara, Zepbound and Mounjaro.</li> <li>Top Drug Classes by Plan Spend: The top 5 drug classes by plan spend were Anti-Obesity Agents, Incretin Mimetic Agents, Antipsoriatics, Anti-Tumor necrosis factor -alpha-Monoclonal Antibodies and Antineoplastic Enzyme Inhibitors.</li> <li>Pharmacy Channel Summary: Specialty Mail was at \$3,601,838, Retail 30 was at \$2,482,969, Retail 90 was at \$1,636,919, Mail Order was \$83,974, Specialty Retail was at \$50,165 and Direct Member Reimbursement was \$237.</li> <li>Member Utilization Drill Down: The highest percentage of gross spend by age and gender was males aged 51-65 at 21.4% and females aged 51-65 at 29.5%. Of the Gross Spend of \$8,163,178, 71.9% of utilizers were Subscribers, 18.6% were Spouses and 9.5% were Children.</li> </ul> </li> </ul>	Labor Member, Danielle Murphy asks: What are the numbers for complications such as pancreatitis arising from the use of Glucagon-like peptide-1 (GLP-1)? Capital Rx responds: We don't have those numbers as this falls on the medical side of the plan, but we could potentially work with Lockton to look into it.



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Active	e Population Utilization –	
•	<u>Utilization Summary</u> : Plan pay was \$7,099,092 with patient pay at \$274,921 with 21,766 claims at a gross cost per claim of \$338.79. Plan pay by drug classification was \$354,353 Generic, \$3,417,897 Brand, and \$3,326,843 Specialty. Plan pay by drug class had Anti-Obesity Agents at the top with \$1,207,893.	
•	Drug Classification Summary: 89.7% of utilizers used Generic drugs at \$26 gross cost per claim, 28.2% used Brand drugs at \$1,008 gross spend per claim, and 3.6% used Specialty drugs at \$8,827 gross spend per claim.	
•	<u>Top Drugs by Plan Spend</u> : The top five drugs by plan spend were Wegovy, Humira (2 Pen), Zepbound, Stelara, and Trikafta.	
Retire	ee Population Utilization –	
•	<u>Utilization Summary</u> : Plan pay was \$757,010 with patient pay at \$32,155, with 2,549 claims at an average gross cost per claim of \$309.60. Plan pay by drug classification was \$36,813 Generic, \$395,057 Brand, and \$325,160 Specialty. Plan pay by drug class had Incretin Mimetic Agents at the top with \$99,658.	
•	Drug Classification Summary: 92.0% of utilizers used Generic drugs at \$24 gross cost per claim, 30.0% used Brand at \$1,078 gross spend per claim, and 5.1% used Specialty at \$6,498 gross spend per claim.	
•	Top Drugs by Plan Spend: The top five drugs by plan spend were Stelara, Jardiance, Wegovy, Hizentra and Mounjaro.	
Clinic	al Overview – Full Population –	
•	Prior Authorization Summary: From a total of 713 Prior Authorization cases, 489 were approved and 224 were denied. This is a 69% approval rate. The urgent rate was 18%, appeal rate was 7% and the average turnaround time	



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<ul> <li>was 28 hours. Of the denied cases, 14 were due to non-coverage of specific drugs, 208 were due to lack of medical necessity, and 2 were denied because of missing information.</li> <li><u>Diabetes Drugs: Opportunity Analysis</u>: There were 1,136 unique utilizers of Diabetes drugs, with a claim count of 1,552. The plan pay for these drugs was \$1,303,554 with a Per Member Per Month cost of \$49.29. The top 3 Diabetes drug classes were Incretin Mimetic Agents (GLP-1), Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors, and Insulin.</li> <li><u>Glucagon-like peptide-1 (GLP-1) Agonists</u>: Opportunity Analysis: There were 607 unique utilizers of GLP-1 Agonists, with a claim count of 655, a plan pay of \$820,388 and a Per Member Per Month cost of \$31.02.</li> </ul>	
• <u>Weight Loss Drugs</u> : Opportunity Analysis: There were 874 unique utilizers of weight-loss drugs, with a claim count of 980, a plan pay of \$1,258,241 and a Per Member Per Month cost of \$47.58.	
Clinical Updates and Insights –	
• <u>Biosimilars</u> : Federal Drug Administration approved biosimilars have been compared to a Federal Drug Administration approved biologic product and are highly similar to the reference product with no clinically meaningful differences. Key drivers for biosimilars has been an increase of chronic conditions from 45% to 50% in the population between 2000 and 2022 with the number of affected individuals expanding by 8 million every year. Key reference products are, for example, Humira and Stelara.	
• <u>2025 Humira Formulary Strategy</u> : Capital Rx's strategy for Humira is the removal of Cyltezo from their Liberty formulary and the addition of 4 low-WAC (reduced list cost) biosimilars at parity to Humira.	
<ul> <li><u>2025 Select Potential New Drug Approvals</u>:         <ul> <li>Suzetrigine is a non-opioid analgesic for the treatment of moderate to severe acute pain and is the first new medication for acute pain in more than two decades.</li> </ul> </li> </ul>	
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	<ul> <li>Insemed is for the treatment of non-cystic fibrosis bronchiectasis.</li> <li>Deutivacaftor/Tezacaftor/Vanzacaftor is next-in-class, triple- combination therapy for cystic fibrosis, offering once daily dosing.</li> </ul>	
	<ul> <li>Messenger Ribonucleic Acid (mRNA)-1083 is anticipated to be the first combination of COVID-19 and influenza vaccine.</li> </ul>	
b. Plan Experience Summary – Active Medical & Dental – <i>Lockton</i>	<ul> <li>State of Maine Health Insurance Administrative Payments: From July of 2024 through February of 2025, administrative payments by the State of Maine to all vendors to administer the network and process claims, as well as various fees to other entities, totaled \$8,262,439.</li> <li>State of Maine Experience Detail – Self-Funded Medical: There has been an increase in inpatient hospitalization and an increase in brand drug spend and utilization, and there are 4 high-cost claimants on the plan. From July of 2024 through January of 2025 the medical plan has a deficit of \$14M and is running 8.7% over budget. In December 2024 there was \$6.4M in pharmacy rebates from Capital Rx which is higher than has been seen in previous quarters. With approved rebate shares the more spend in brand drugs, the more rebates received. Two more rounds of pharmacy rebates are expected, and more additional dollars may be received from the MedImpact reconciliation.</li> <li>State of Maine Experience Detail – Self Funded Dental: The State of Maine has a surplus on the dental plan and is running at about 94.2% of budget.</li> </ul>	
	VI. SEMI-ANNUAL UPDATES	
a. MCD Wellness Program – Info MCD Global Health	<ul> <li><u>2024 Vaccination Clinics</u>: The Office of Employee Health, Wellness &amp; Workers' Compensation and WellStar ME teamed with Shaw's Pharmacy to host 56 vaccination clinics in the fall of 2024 at no cost. 1,701 flu vaccines, 1,079</li> </ul>	<b>9</b>   P a g e



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	COVID-19 vaccines and 12 other vaccines were administered for a total of 2,792 vaccines.	
WellS	starME Midyear Totals –	
•	Activated WellStarME Registrations: There were 21,615 individuals registered in 2025, increasing over the years from 18,146 registered individuals in 2022.	
•	2025 My Health Options: Categories in the options for the Health Premium Credit Program were My Numbers at 450, Flu Shot at 1,802, Annual Physical Exam at 1,438 and Well-Being Visit at 656.	
•	"My Health" Options Comparisons: Comparing these options between March 2024 and March 2025, My Numbers decreased by 4.3%, Flu Shot decreased by 5.9%, Annual Physical Exam decreased by 1.0%, and Well Being Visit decreased by 10.1% for a total overall decrease of 4.9%. Wellness questionnaire completion decreased by 9.8% over the same period.	
•	Number of Primaries Eligible for the Health Premium Credit on March 1 <sup>st</sup> of Each Program Year: 3,149 primaries were eligible in 2022, 3,649 in 2023, 3,324 in 2024 and 2,935 in 2025.	
•	Resource Hub and Message Center: The total number of resources accessed on the WellStarME Resource Hub was 31,540, and the total number of participants utilizing the Message Center feature was 533.	
Bump	er Crop Pilot Program –	
•	State of Maine employees enrolled in the Health Plan as of May 1, 2024, received access to \$15 in Bumper Crop vouchers to spend at more than 50 farmers' markets across the state by the end of the year. Approximately 3,778 members redeemed their full amount of the vouchers, and 11,354 vouchers were redeemed. 55 market locations reported redemption and the top 5 locations for redemption were Augusta, Portland, Waterville, Brunswick and Lewiston.	
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• In a post-survey overview, of the 75 respondents, 80% of them redeemed vouchers at a farmers' market near home and 37% shopped at markets more often because of the program. They reported enjoying fresh produce, supporting local economies and a community gathering in a welcoming environment. Just over 50% of members who completed the post-survey visited a new • farmers' market due to the Bumper Crop pilot program. Members learned new things such as when and where markets are scheduled, • making connections in the community, and how to cook/prepare local foods. Most members either regularly shop with farmers' markets or shopped at them • more frequently after receiving Bumper Crop vouchers. Most members reported spending under \$100 when they visited a farmers' ٠ market. The largest group of members shopped at markets 3-5 times in 2024. ٠ Most members redeemed their Bumper Crop vouchers during the months of August, September, and December. Current Wellness Programs: Current programs offered by WellStarME are • Enhanced WellStarME Platform, the Health and Wellness Navigation Team, the Wellness Ambassador Network, the National Diabetes Prevention Program, Vaccination Clinics, Health and Wellness Pilot Programs, Wellness Presentations, the Monthly Signage Program, Customized Health and Wellness Resources, the Health and Wellness Resource Hub, and the Secure Messaging Center. Wellness Ambassador Network: The Wellness Ambassador Network is an • opportunity to learn about wellness initiatives and offerings firsthand. The Network meets guarterly, focusing on the many health and wellness offerings



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	available to State of Maine Health Plan members. The Health and Wellness Navigation Team can be contacted by anyone interested in joining.	
b. Livongo – <i>Livongo Health</i>		
	Due to lack of time, the Livongo semi-annual update has been moved to the April meeting.	
	VII. Other Business	
a. MSLEA Letter	Labor Member, Jonathan French, Management Member, Michael Dunn	Labor Member, Danielle Murphy
a. Molen letter	<b>Management Member</b> shared a drafted a letter in response to a written request from the Maine State Law Enforcement Association to discontinue the joint replacement mandate with Carrum Health as part of the State of Maine Health Plan. Kevin Anderson, the Executive Director of the Maine State Law Enforcement Association and the author of the request, spoke to Commission members regarding the reasons the Association has made this request.	made a motion to table action on the response letter to the Maine State Law Enforcement Association until the Commission has had time to review it and discuss it at the next meeting.
b. Confidentiality Agreement	Confidentiality agreements for State Employees Health Commission members will be kept on file. Agreements have been sent to members for completion and signature and will be renewed each January going forward. Signed agreements should be emailed to <b>Clerk, Devon French</b> .	Labor Member, Nathaniel Zmek seconded the motion. Management Member, Olivia Alford asked: Should the
c. Open Discussion	There were no topics for open discussion.	Commission have some discussion today and then table?
	General Reminders –	Labor Member, Kevin Dionne asked: Can the motion be pulled to
	The Bylaws Committee and the Wellness Committee will meet soon. The Legislative Committee will meet monthly until the Legislative Session is completed.	allow discussion and reinstated if the members don't come to a decision?
		<b>Labor Member, Jonathan French</b> responded: The member who made the motion would have to withdraw it, or the motion would have to fail.



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**Labor Member, Danielle Murphy** withdrew the motion to allow for discussion and reserved the right to make a motion to table later.

Labor Member, Jonathan French acknowledged that the motion is withdrawn pending discussion.

Labor Member, Danielle Murphy

**made** a motion to table action on the response letter to the Maine State Law Enforcement Association until the Commission has had time to review the proposed response and offer edits via email for a prepared response by the next meeting.

Management Member, Olivia Alford, seconded the motion.

Management Member, Michael

**Dunn,** recommended that the motion be amended to include a deadline for submission of edits to the response letter.

Labor Member, Danielle Murphy

amended the motion to table with a deadline of April 4, end of business, for submission of edits to the response letter with these submissions considered while crafting a final letter which will be distributed to Commission members

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		<ul> <li>in the packet of meeting materials for the April 17 meeting.</li> <li>Labor Member, Kevin Dionne opposed the motion to table.</li> <li>Motion passed.</li> <li>Labor Member, Kevin Dionne asked: How many members have undergone surgery through Carrum?</li> <li>Management Member, Shonna Poulin-Gutierrez responded: She will find the number of members who have used Carrum and relay to Labor Member, Kevin Dionne.</li> </ul>	
VIII. REQUEST MOTION TO ADJOURN			
a. VIII. Adjourn Meeting (11:57 am):		Management Member, Michael Dunn made a motion to adjourn; Labor Member, Kevin Dionne seconded the motion. Motion passed.	

2025 meeting schedule available at www.maine.gov/bhr/oeh