



Janet T. Mills  
Governor

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

Jonathan  
French  
*Labor Co-Chair*

Heather Perreault  
*Management Co-Chair*

STATE EMPLOYEE HEALTH COMMISSION MEETING

**Thursday, January 18<sup>th</sup>, 2024 @ 8:30am  
Microsoft Teams Meeting**

Burton M. Cross Building  
111 Sewall Street  
Room 103, A and B  
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Diane Bailey, Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Jonathan French, Rebekah Koroski, Lew Miller, Doris Parenteau, Heather Perreault, Shonna Poulin-Gutierrez, Heidi Pugliese, JoAnne Rawlings-Sekunda, Kim Vigue, Frank Wiltuck, and Nathaniel Zmek.  
(Total = 18)

Commission Members Absent: Laurie Doucette, Kelly John, and Chris Russell.

Vacant Seat(s):3

Others Present: Devon French, Charles Luce, Joan Hanscom, Nathan Morse, Roberta DuPont, Paige Lamarre and Emma-Lee St.Germain – Employee Health and Wellness; Breena Bissell – Bureau of Human Resources; Sabrina DeGuzman-Simmons and Kevin Fenton – Aetna; Kristine Ossenfort, and Becky Craigue – Anthem Blue Cross and Blue Shield; Libby Arbour – MCD Global Health; Judy Paslaski – MedImpact; Marie Bridges – Northeast Delta Dental; Amy Deschaines, Terry LaMonica, Ken Ralff, and Jacqueline Scherer – Lockton; Lisa Nolan and Trevor Putnokoy Health Purchasers Alliance; Heather DiLorenzo – Dana-Farber Cancer Institute; and Jennifer Harris – ComPsych; Laura Robert – Sun Life.

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:33am)</b>	Heather Perreault called the meeting to order.	
<b>II. Introductions</b>		
<b>III. Review and Approval of Minutes (December 21<sup>st</sup>, 2023)</b>		Kevin Dionne made a motion to accept the December 21 <sup>st</sup> , 2023, minutes as amended; Claire Bell seconded the motion. Motion passed.



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**IV. Recurring Monthly Business**

**a. Open Discussions/Questions on Vendor Reports – All**

Information contained in written report; highlights and discussion noted below:

- There were no items brought to the commission.

**b. Employee Health and Wellness Highlights – Shonna Poulin-Gutierrez**

Information contained in written report; highlights and discussion noted below:

- State Employee Health Commission: The State Employee Health Commission is established to serve as trustee of the group health plan in this subchapter and to provide counsel to the Executive Director of Employee Health and Wellness and the Director of the Bureau of Human Resources on health and dental insurance issues, the state living resources program and other issues concerning employee health and wellness.
- 2023 Vendor Meetings: Vendor meetings for 2023 met for 250 hours.
- Vendor Implementation: Vendors implemented for 2023 include Aetna Vision, ASIFlex, and ThrivePass.
- Contracts: In 2023 there were 22 Employee Health and Wellness contracts and 12 Workers’ Compensation contracts.
- Out to Market – Request for Proposal: In 2023 we were out to market with a request for proposal for 8 Employee Health and Wellness contracts and 1 Workers’ Compensation contracts.
- 2023 Cost of Claims: From 12/2022 to 11/2023 Anthem claims totaled \$180.4M. From 01/2023 to 12/2023 prescription claims totaled \$73.1M, and between 01/2023 to 12/2023 Dental Claims totaled \$7.3K.
- Invoices Processed: In 2023 there were 2,200+ invoices processed.
- Ages Out: In 2023 there were 313 age outs.

**Kevin Dionne asks:** The Bureau of Human Resources reviewed the number of new hires each year from 2019-2023, and the average worked out to 1,856, is that an optic or is that on an average?

**Breana Bissell responds:** We can look into that.



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- New Hires Processed: In 2023 there were 1,800+ new hires processed.
- Retirements Processed: In 2023 there were 325+ retirements processed.
- 2023 Wondr Health Program: In 2023, 635 members accessed a science-based program focused on behavior change to improve overall health, mental, and emotional well-being.
- 2023 Health Premium Credit: In 2023, 7,581 members completed the program and are eligible for the premium discount starting July 2023.
- Vaccination Clinics: In 2023 there were 76 on-site clinics, and 10 in store clinics. There were a total of 2,895 total vaccines administered.
- Pilot Program Launch: In 2023, 500 Health Plan members participated in the Wellness Wallet Pilot Program from July through December.
- Mass Communications: In 2023, there were 17 home mailers, 16 Statewide emails, and 28 Constant Contacts.
- Staff Updates: Staff updates are as follows:
  - Chuck Luce - Senior Health Policy and Benefits Lead
  - Rebecca Foster - Programs Coordinator
  - Linda McCauley - Benefits Specialist
  - Cindy Rhodes - Case Manager
  - Kimberly Arbeau - Management Analyst/Office Manager
  - Contract Coordinator - Vacant
  - Executive Director Assistant - Vacant
  - 2 Benefits Specialist Positions - Vacant
  - Human Resources Assistant - Vacant
  - Return to Work Coordinator - Vacant



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**V. QUARTERLY PLAN UPDATES**

**a. Health Purchaser Alliance –  
Lisa Nolan**

Highlights and discussion noted below:

- 131<sup>st</sup> Legislature – First Session: The first year of the 131st Legislature adjourned on July 26, 2023. There were 2,019 bills were introduced this year — the largest number in over 20 years. Of those bills, 627 have been enacted into law, 903 were defeated, 7 are awaiting action by the Governor and 482 bills were carried over for consideration in 2024.
- 131<sup>st</sup> Legislature – Second Session: The second session of the 131st Legislature convened on January 3 and will likely adjourn in April. In addition to carryover bills, another 165 new Legislative Documents are expected to be introduced this year. Bills introduced in the second year of a session are supposed to be limited to emergency legislation, but decisions on which bills to approve for introduction are ultimately made by the Legislative Council.
- Second Session – Looking Ahead: Heath Purchaser Alliance will monitor close to 30 bills of interest in 2024, including 8–10 new bills and 20 carryover (or carryover-linked) bills. The bills largely fall into several broad categories, including Legislative Documents that mandate coverage of certain services, limit prior authorization, address provider consolidation/competition, Address pharmacy costs, Improve price transparency and enhance consumer protections.
- Mandates: Mandate Legislative Documents (L.D.) include the following:
  - L.D. 132, An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances (Sen. Stacy Brenner; D-Cumberland)
  - L.D. 663, An Act to Require Health Insurance Coverage for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (Rep. Amy Roeder; D-Bangor)



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- L.D. 1577, An Act to Require Health Insurance Coverage for Biomarker Testing (Rep. Sam Zager; D-Portland)
- L.D. 1832, An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services (Rep. Scott Cyrway; R-Albion)
- **New:** L.D. 2096, An Act to Ensure Access to Non-opioid, Nonnarcotic Medication for Acute Pain Relief (Sen. Troy Jackson; D-Aroostook)
- **New:** An Act to Require Health Insurance Coverage for Federally Approved Nonprescription Contraceptives (Rep. Poppy Arford; D-Brunswick)
- Pharmacy: Pharmacy Legislative Documents (L.D.) include:
  - L.D. 1165, An Act to Enhance Cost Savings to Consumers of Prescription Drugs (Rep. Margaret Craven; D-Lewiston)
  - L.D. 1829, An Act Requiring Reference-based Pricing to Reduce Prescription Drug Costs (Sen. Cameron Reny; D-Lincoln)
  - **New:** L.D. 2114, An Act to Improve Patient Access and Savings from Generic and Biosimilar Prescription Drugs (Sen. Troy Jackson; D-Aroostook)
  - **New:** An Act to Improve Access to Affordable Medication in Underserved Areas (Sen. Troy Jackson; D-Aroostook)
- Prior Authorizations/Utilization Reviews: Prior Authorization/Utilization Review Legislative Documents (L.D.) include:
  - L.D. 796, An Act Concerning Prior Authorizations for Health Care Provider Services (Rep. Jane Pringle; D-Windham)



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- L.D. 1766, An Act to Require Insurance Carriers to Compensate Providers for Costs of Providing Medical Records for Utilization Review (Rep. Anne-Marie Mastraccio; D-Sanford)+
- **New:** L.D. 2151, An Act Regarding the Cost of Copies of Medical Records (Rep. Margaret Craven; D-Lewiston)
- Provider Consolidation – Provider/Carrier Disputes: Provider Consolidation – Provider/Carrier Dispute Legislative Documents (L.D.) include:
  - L.D. 1407, An Act to Amend the Maine Insurance Code Regarding Payments by Health Insurance Carriers to Providers (Rep. Anne-Marie Mastraccio; D-Sanford)
  - L.D. 1498, An Act to Create an Advocacy and Complaint Process for Health Care Providers Within the Bureau of Insurance (Rep. Anne Perry; D-Calais)
  - L.D. 1533, An Act to Provide for Consistent Billing Practices by Health Care Providers (Rep. Josh Morris; R-Turner)
  - L.D. 1708, An Act to Address Anticompetitive Terms in Health Insurance Carrier and Health Care Provider Contracts (Rep. Josh Morris; R-Turner) (Defeated but linked to a carryover L.D.)
- Provider Price Transparency: Provider Price Transparency Legislative Documents (L.D.) include:
  - L.D. 953, An Act to Protect Maine Patients Regarding Hospital Price Transparency (Rep. Laurel Libby; R-Auburn) (Defeated but linked to a carryover L.D.)
  - L.D. 1191, An Act Regarding Transparency of Medical Billing (Sen. Rick Bennett; R-Oxford) (Defeated but linked to a carryover L.D.)



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- L.D. 1740, An Act to Support an Insured Patient's Access to Affordable Health Care with Timely Access to Health Care Prices (Rep. Poppy Arford; D-Brunswick)
- Consumer Projections: Consumer Projection Legislative Documents (L.D.) include:
  - L.D. 1955, An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance for Medical Care (Rep. Rachel Talbot Ross; D-Portland)
  - **New**: L.D. 2115, An Act to Require Health Care Providers to Engage in Fair Practices When Selling Medical Debt (Sen. Mike Tipping; D-Penobscot)
  - **New**: An Act to Protect Patients from Predatory Medical Credit Card Providers (Sen. Troy Jackson; D-Aroostook)
- State Employee Health Plan – Specific Bills: State Employee Health Plan Specific Bills include:
  - L.D. 111, An Act Requiring the State to Pay a Share of a Retired State Employee's or Retired Teacher's Premium for Medicare Part B Under Medicare Advantage
  - L.D. 121, An Act to Expand Health Insurance Coverage to Certain State Employees
  - L.D. 362, An Act to Clarify Coverage for Retired County and Municipal Law Enforcement Officers and Municipal Firefighters Under the State Employer Group Health Plan
  - L.D. 591, An Act to Provide Funding for Medicare Payments for Certain Retired State Employees



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- L.D. 733, An Act to Require an Annual Itemized Statement of Employee and Retirement Benefits and Total Employer Contributions to the Maine Public Employees Retirement System and Health Insurance Plans for State Employees and Teachers
- L.D. 882, An Act to Allow Nonmunicipal Emergency Medical Service Providers to Participate in the Maine Public Employees Retirement System and State Benefit Program

**VI. EDUCATION**

**a. Dana-Farber Cancer Institute: Screening and Prevention – Heather DiLorenzo**

Highlights and discussion noted below:

- By the Numbers: Over 50% of all FDA approved drugs have a contribution by a Dana Farber researcher. We have over 1100 clinical trials going on at any given time.
- Exceptional Cancer Care, No Matter Your Zip Code: Dana-Farber has a number of partnerships in Maine and New England including Cancer Specialists, Northern light, and more.
- Dana-Farber Network: Dana-Farber Cancer Institute is uniquely positioned to work with large employers due to our collaborations with top oncology providers.
- A Cancer Diagnosis is a Major Cost Driver for Employers: A cancer diagnosis is a major cost driver for employers. Approximately 50% of cancer related emergency department visits and hospital admissions can be avoided with comprehensive care management.
- Our Multidisciplinary Teams Work Together to Provide Comprehensive Care: Our multidisciplinary teams work together to provide comprehensive care. These teams include palliative care, financial services, genetics, nutrition, integrative therapies, psychological oncology, caretaker resources, survivorship support and pediatric program.

**Heather DiLorenzo states:** I need to confirm that we are still partnered with New Hampshire Oncology Hematology (NHOH).

**Shonna asks:** Is there a common way people will hear about you?

**Heather DiLorenzo responds:** There are various ways we get the word out. I can make sure you get materials.





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- Direct Connect: Designed for employers, Dana-Farber Direct Connect is a no cost direct access and navigation program that improves access to our world leading oncologists and specialized care. Direct connect includes dedicated phone lines and email addresses, early detection support, coordination of lodging, open access, remote second options, and customized marketing campaigns.
- Patient Journey: The Patient's journey is as follows –
  - Initial Contact: The Direct Connect Patient Liaison welcomes the patient to the program and gathers the pertinent demographic and clinical details pertaining to their cancer diagnosis.
  - Seeking Support: With guidance from the Direct Connect Clinical Lead, the Patient Liaison identifies the appropriate disease center at Dana-Farber and connects the patient with the new patient scheduling team.
  - Getting Here: The patient is scheduled for their consult and is sent appointment details and other information they need prior to their first visit at Dana-Farber.
  - Getting Set Up: In preparation for their first visit, the patient is contacted by an Oncology Nurse Navigator who specializes in their type of cancer to review clinical questions and discuss additional clinical information. The patient is connected to the Dana-Farber Patient Lodging Coordinator if hotel accommodations are needed for their appointment.
  - Establishing Care: The patient is greeted by the Direct Connect Patient Liaison who walks them to the location of their appointment and remains available as a resource throughout the day. The Direct Connect Patient Liaison and Clinical Lead remain as a resource throughout the patient's treatment as needed.



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**VII. SEMI-ANNUAL UPDATES**

**a. Compliance Review**

Highlights and discussion noted below:

**State: Anthem – Kristine Ossenfort**

- 131<sup>st</sup> Legislature: In the second regular session, January 3<sup>rd</sup> through April 17<sup>th</sup>, 2024, there were nearly 500 bills carried over and approximately 120 new bills approved by Legislative Council.
- Carry Over Legislation:
  - Mandated Benefits –
    - L.D. 132, **An Act to Require Health Insurance Carriers to Provide Coverage for Blood Testing for Perfluoroalkyl and Polyfluoroalkyl Substances, Sen. Brenner(D-Cumberland)** - This bill requires carriers offering health plans in this State to provide coverage for blood testing for perfluoroalkyl and polyfluoroalkyl substances. The requirements of the bill would apply to health plans issued or renewed on or after January 1, 2024.
    - L.D. 663, **An Act to Require Health Insurance Coverage for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome, Rep. Roeder (D-Bangor)** This bill requires health insurance coverage for treatment of pediatric postinfectious neuroimmune disorders including pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome. The requirements apply to all individual and group policies and contracts issued or renewed on or after January 1, 2024.



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- L.D. 1577, **An Act to Require Health Insurance Coverage for Biomarker Testing, Rep. Zager (D-Portland)** This bill requires insurance coverage, including coverage in the MaineCare program, for biomarker testing for the purposes of diagnosis, treatment, appropriate management or ongoing monitoring of a disease or condition of an insured person, member or subscriber covered by that policy when the test is supported by medical and scientific evidence.
- L.D. 1832, **An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services, Rep. Cyrway(R-Albion)** The bill as drafted requires an ambulance service to be reimbursed for the cost of treating a person, regardless of whether the ambulance service transports the person to a hospital. The Committee is using it as a vehicle to have the Bureau of Insurance study a mandate to require coverage of community paramedicine services.
- Prescription Rebates –
  - L.D. 1165, **An Act to Enhance Cost Savings to Consumers of Prescription Drugs, Rep. Craven (D-Lewiston)** This bill removes a provision that provides that compensation remitted by or on behalf of a pharmaceutical manufacturer, developer or labeler to a pharmacy benefits manager may be remitted to the carrier and used to offset the premium for covered persons.
- Referenced Based Drug Pricing –
  - L.D. 1829, **An Act to Reduce Prescription Drug Costs by Requiring Reference-based Pricing, Sen. Reny(D-Lincoln)** This bill requires that a state entity, health plan or participating plan qualified under the federal Employee



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Retirement Income Security Act of 1974 may not purchase prescription drugs to be dispensed or delivered to a consumer of this State at a cost that exceeds the referenced rate.

o Provider Carrier Issues –

- L.D. 1407, ***An Act to Amend the Maine Insurance Code Regarding Payments by Health Insurance Carriers to Providers, Rep. Mastraccio (D-Sanford)*** Allowing providers to object to a health insurance carrier's material change to a provider agreement within 60 days of receiving notice of the change and to extend the date on which a change to a provider agreement takes effect based on that objection.
- L.D. 1498, ***An Act to Create an Advocacy and Complaint Process for Health Care Providers Within the Bureau of Insurance, Rep. Perry (Anne) (D-Calais)*** This bill establishes the Health Care Provider Assistance Division within the Bureau of Insurance to assist health care providers in obtaining information about health insurance plans, assist health care providers in navigating the health insurance industry, assist health care providers with concerns specific to coverage for individual patients and issues that may have market-wide impact and provide a system for health care providers to submit complaints about violations of statutes or rules.
- L.D. 1533, ***An Act to Provide for Consistent Billing Practices by Health Care Providers, Rep. Morris (R-Turner)*** This bill establishes consistent billing requirements for providers of outpatient health care services delivered in off-campus outpatient departments owned by or affiliated with a health care system. The bill's requirements must be followed by health care facilities and health insurance carriers and apply



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to claims submitted to a health insurance carrier on or after January 1, 2024.

o Prior Authorization –

- L.D. 796, **An Act Concerning Prior Authorizations for Health Care Provider Services, Rep. Pringle (D-Windham)** This bill was introduced as a concept draft that proposes to improve the health care decision-making and treatment process for prescriptions and testing by reducing clinical prior authorization burdens imposed by health insurance carriers.
- L.D. 1740, **An Act to Support an Insured Patient's Access to Affordable Health Care with Timely Access to Health Care Prices, Rep. Arford (D-Brunswick)** This bill seeks to codify in state law the federal requirements for providers to provide a good faith estimate and for health insurance carriers to provide an insured patient with an advanced explanation of benefits within 3 business days of receiving a good faith estimate from a health care entity for medical services.
- L.D. 591, **An Act to Require the State to Pay Medicare Premiums for Certain Retired State Employees Sen. Hickman(D-Kennebec)** This bill requires the State to pay 100% of a retiree's share of the premiums for Medicare Part B for retirees not eligible for benefits under the United States Social Security Act whose base annual state pension benefit on or after January 1, 2024, is projected to be less than or equal to the maximum amount of the retirement benefits that are subject to the cost-of-living adjustment.



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- Concept Drafts –
  - L.D. 227, ***An Act Regarding Health Care in the State, Rep. Perry (Anne) (D-Calais)*** This bill is a concept draft that would enact provisions of law regarding health care in the State.
  - L.D. 307, ***An Act to Lower the State's Health Care Costs, Rep. Morris (R-Turner)*** This bill is a concept draft that proposes to enact measures to lower the State's health care costs.
  - L.D. 444, ***An Act to Designate First Responders and Other Public Safety Professionals as a Special Risk Population for the Purposes of Improving Insurance Coverage for the Effects of Trauma, Sen. Bailey (D-York)*** This bill is a concept draft pursuant that proposes to designate public safety professionals and first responders as a special risk population for the purposes of improving insurance coverage to detect and provide preventive care for the cumulative physical and mental health effects of exposure to consistent negative events and trauma.
- Privacy/Personal Data –
  - L.D. 1902, ***An Act to Protect Personal Health Data, Rep. O'Neil (D-Saco)*** This bill establishes consumer rights with regard to consumer health data and defines obligations of regulated entities that collect, use, and share consumer health data. The bill prohibits selling consumer health data and implementing a geofence around certain health care entities.



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- L.D. 1973, **An Act to Enact the Maine Consumer Privacy Act, Sen. Keim (R-Oxford)** This bill creates the Maine Consumer Privacy Act to entitle consumers to certain rights concerning the use of personal data.
- L.D. 1977, **An Act to Create the Data Privacy and Protection Act, Rep. O'Neil (D-Saco)** This bill creates the Data Privacy and Protection Act, which governs the collection, processing, and transfer of certain personal data, including imposing requirements for consent to use the data, the use of personal data in targeted advertising and the use of the personal data of minors.
- New Legislation –
  - L.D. 2083, **Resolve, to Establish the Stakeholder Group to Ensure Timely Access to Medication Management Across the State, (Sen. Brenner, D-Cumberland) (Emergency)** This resolve establishes a stakeholder group to determine current use of and “problem areas” in medication management in the State. It requires the stakeholder group to submit a report to the 132nd Legislature in 2025.
  - L.D. 2096, **An Act to Ensure Access to Nonopioid, Nonnarcotic Medication for Acute Pain Relief, (Sen. Jackson, D-Aroostook)** This bill requires a health insurance carrier to allow an enrollee to gain access to a clinically appropriate nonopioid, nonnarcotic drug approved by the FDA for the treatment and management of acute pain not otherwise covered by the insured person's health plan.
  - L.D. 2114, **An Act to Improve Patient Access to and Savings from Generic Drugs and Biosimilars, (Sen. Jackson, D-Aroostook)** This bill establishes a requirement that all insureds must be notified of a change in formulary.



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- L.D. 2151, **An Act Regarding the Cost of Copies of Medical Records**, Rep. Craven (D-Lewiston) The bill would allow providers (hospital and professional) and their vendors to charge for copies of medical records, up to a maximum of \$250 for paper records and \$150 for electronic records and provides that the hospital or its vendor may require payment prior to providing the record.
- L.R. 2981, **An Act to Increase Reimbursement Rates for Outpatient Psychiatry**, Sen. Stewart (R-Aroostook)
- L.R. 2982, **An Act to Attract and Retain Behavioral Health Clinicians**, Sen. Stewart (R-Aroostook)
- L.R. 3018, **An Act to Require Health Insurance Coverage for Federally Approved Nonprescription Contraceptives**, Rep. Arford (D-Brunswick)
- L.R. 3025, **An Act Regarding Mental Health Crisis Response Regulations and Reimbursement**, Sen. Stewart (R-Aroostook)

**Federal: Lockton – Mark Holloway**

- Congress – What’s in store: Something Lockton would like to see is site neutral payment reform. We may see a simplification of the filing of the 1095-C forms which has bipartisan support. Medicare begins to run out of money in 2031, Social Security in 2023. Mental health parity compliance states whatever you ever you do for Mental Health and Social Security Benefits has to be comparable to whatever you are doing for major Medical Benefits. These rules apply to the State of Maine plan. The government agency that oversees this is Center for Medicare and Medicaid Services, is investigating complaints.
- Mental Health/Substance Abuse Parity: Mental health and substance abuse parity has had some enforcement action for self-funded governmental plans. Proposed regulations were released las summer and they are complicated.





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- Preventive Care Update: Preventative care for non-grandfathered plans have had some updates including depression and suicide risk in children and adolescent screenings, now being aged 12-18 years, as well as anxiety in children and adolescent screenings now being aged 8-18 years.
- COVID-19 Vaccination Programs: Non-grandfathered plans must continue to cover the cost of COVID vaccinations without cost-sharing.
- Affordable Care Act Cost of Living Adjustment Limits for 2024: The out-of-pocket limit for non-grandfathered plans is between \$9,450 and \$18,900, with the maximum monthly employee contribution being \$101.64.
- Other Cost of Living Adjustments for 2024: Other Cost of Living Adjustments for 2024 include \$315 monthly limit for pretax parking and transit passes as well as a \$3,200 maximum health flex spending account contribution.
- Prescription Drugs: The Federal Drug Administration follows Florida to import drugs from Canada for it's Medicaid program. Big Pharma is likely to challenge this in a lawsuit. Maine and 7 other states has laws on the books for drug importation.
- Prescription Weight Loss Drugs: Certain diabetes drugs are Federal Drug Administration-approved to be prescribed to use for weight loss. If State of Maine wants to cover weight loss drugs, you just need to be aware that they are expensive. Currently the State of Maine plan does cover weight loss drugs.
- Prescription Coupons and Out-of-Pocket Maximums: Prescription Coupons and Out-of-Pocket Maximums are currently tied up in litigations. The court thought in certain instances you would need to count the coupon towards the deductible and out-of-pocket maximum. The state is required to follow guidance that allows members access to these coupons.
- A Focus on Fiduciary Governance: Regulators and courts are increasingly focused on fiduciary oversight of health and welfare plans.



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	<ul style="list-style-type: none"> <li>• <u>Transparency Rules</u>: Transparency rules are as follows – <ul style="list-style-type: none"> <li>○ The cost tool functionality requirement for all covered items and services must be available through the price comparison tool.</li> <li>○ Machine readable file to include prescription.</li> <li>○ The Federal Government is to issue implementation guidance.</li> </ul> </li> </ul>	
<p><b>b. Living Resources Program – Jennifer Harris</b></p>	<p>Highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>• <u>Key Accomplishments for 2023</u>: The number of training sessions increased by 56% from 2022. Program utilization remains strong exceeding book of business. We had a 94% Employee Assistance Program satisfaction rate and the average speed to answered calls was 11 seconds.</li> <li>• <u>2023 Program Utilization Review</u>: The annual utilization rate was 26% in 2023. The prior year it was 29%. Total live services saw 763 services delivered, a 14.5% decrease from the prior year. The number of client cases created were 621, with the prior year being 709. The online resources, total actionable items, in 2023 were 2,397 and 2920 in 2022 – an 18% decrease. The number of newly registered employees on the website decreased by 19%. There has been a notable increase with Organizational Services. The overall book of business is 16%.</li> <li>• <u>2023 Live Utilization</u>: The number of face-to-face referrals did go down; however, someone did use the chat feature. Our wellbeing coaching did increase from 0 in 2022 to 6 in 2023. Our entire book of business presenting issues were stress, anxiety related, partner/relationship, depression related, and psychological. The average number of sessions used was 4.</li> <li>• <u>Presenting Issues</u>: Presenting issues book of business for 2023 saw 12% of individuals using ComPsych for Legal assistance, 3% for Financial assistance, 6% Work/Life assistance, and 78% for the Employee Assistance Program.</li> <li>• <u>Client Demographics</u>: Client demographics are as follows – <ul style="list-style-type: none"> <li>○ 89% of clients were employees</li> </ul> </li> </ul>	



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Governor

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- 60% were female
- 23% were between the ages of 40-49
- 43% used online as the referral source
- 59% of participants had an unknown job tenure
  
- Online Engagement: The online engagement in 2023 is right in line with book of business. There were 95 individuals who took advantage of our Guidance Connect program. The most popular on demand trainings were regarding Retirement, Coping with Crisis/Traumatic Events, Saving Money and Financial Wellbeing, and Communication.
  
- 2023 Critical Incidents, Training and Health Fairs: There were 19 incidents in 2023 and 104 participants who connected with an on-site counselors. As for Learning and Organizational Excellence Sessions, there were 47 sessions in total and 732 attendees.
  
- Coping with Conflict: Recent turmoil in Israel and Palestine has led to many experiencing complex emotions during a difficult time. ComPsych GuidanceResources is here to help. Those in need of support, are encouraged to call the program 24/7 or visit GuidanceResources.com for more resources.
  
- Virtual Well-Being Coaching: Virtual Well-Being Coaching options include topics related to socio-emotional well-being as well as physical well-being.
  
- 2023 Training Initiatives: Training initiatives for 2023 included an expanded curriculum, experiential training modules, organizational resilience, recent crisis support events, and support for different approaches to learning.
  
- 2024 Training Programs: Training topics for 2024 include –
  - Avoiding Burnout: Self-Assessment Methods and Strategies for Self-Care
  - Breaking Free From Emotional Manipulation



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- Fair Play: Equitable Household Management Strategies to Strengthen Relationships
- Humility – An Underappreciated Trait of Confident People
- Mental Health Impacts of A Medical Diagnosis
- Mental Health Impacts of Natural Disasters
- Overcoming Stage Fright
- Parental Burnout: How to Overcome Challenges & Thrive Through Parenthood
- Supporting Employee Well-being: What Can You Do As A Manager?
- The Power of Productivity
- Recommendations: Recommendations for 2024 include –
  - Suggest reviewing and scheduling new 2024 training topics
  - Consider offering training topics such as Mental Health Awareness for Leaders, Leading with Authenticity, Preventing Employee Burnout and Self-Care Tips for Mangers
  - Offer an Employee Orientation(s) to review products and services available through Living Resources
  - Continue to encourage employees to utilize the products and services available through Living Resources to increase utilization

**VIII. OTHER BUSINESS**

**a. Open Discussion**

Highlights and discussion noted below:

- Plan Design is meeting next Thursday, January 25<sup>th</sup> at 3:00PM.

**IX. REQUEST MOTION TO ADJOURN**



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**a. X. Adjourn Meeting (11:21 am):**

Lois Baxter made a motion to adjourn; Olivia Alford seconded the motion. Motion passed.

2024 meeting schedule available at [www.maine.gov/bhr/oeH](http://www.maine.gov/bhr/oeH)