



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*

Breana Bissell  
*Management Member, Co-Chair*

STATE EMPLOYEE HEALTH COMMISSION MEETING

**Thursday, July 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, Breana Bissell, Cecile Champagne-Thompson, Lynn Clark, Kevin Dionne, Laurie Doucette, Jonathan French, Kelly John, Rebekah Koroski, Danielle Murphy, Doris Parenteau, Shonna Poulin-Gutierrez, Heidi Pugliese, Chris Russell, Frank Wiltuck, and Nathaniel Zmek.

(Total = 19)

Commission Members Absent: Jenny Boyden, JoAnne Rawlings–Sekunda, and Kim Vigue.

Vacant Seat(s): 3

Others Present: Roslynn Wailus, Neva Parsons, Rebecca Adams, Joan Hanscom, Paige Lamarre, Devon French, Charles Luce, Nathan Morse, Roberta DuPont, and Emma-Lee St.Germain – The Office of Employee Health, Wellness, and Workers’ Compensation; Sabrina DeGuzman-Simmons and Kevin Fenton – Aetna; Kathryn Caiazzo, Stefanie Pike, Jennifer Weber, Kristine Ossenfort, and Becky Craigie – Anthem Blue Cross and Blue Shield; Libby Arbour and Kristin Poulin – MCD Global Health; Marie Bridges – Northeast Delta Dental; Amy Deschaines, Jacqueline Scherer, Mark Halloway, and Ken Ralff – Lockton; Lisa Nolan and Trevor Putnoky – Health Purchasers Alliance; Joe Miller – Novo Nordisk; Jennifer Harris – Living Resources Program; Cindy Walsh – Humana; Kathryn Laughlin – Carrum; William Savage and Nicole Dyer – Members of the Public.

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:36 am)</b>	Labor Member, Jonathan French called the meeting to order. Management Member Shonna Poulin-Gutierrez will be acting co-chair in Management Member, Breana Bissell’s absence.	
<b>II. Introductions</b>		
<b>III. Review and Approval of Minutes (June 20<sup>th</sup>, 2024)</b>		Labor Member, Kevin Dionne, made a motion to approve the June 20 <sup>th</sup> , 2024, minutes. Labor Member, Lois



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		<p>Baxter, seconded the motion. Management Member, Lynn Clark and Labor Member, Danielle Murphy abstained. Motion passed.</p>
<p><b>IV. Recurring Monthly Business</b></p>		
<p><b>a. Open Discussions/Questions on Vendor Reports – All</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <p>Labor Member, Jonathan French states that the State of Maine has run above budgeted claims and expenses for May and is curious to see what the final number will be and if there will be another rebate.</p> <p>Lockton states that there is one remaining rebate for last quarter of the State’s plan experience.</p> <p>Management Member, Shonna Poulin-Gutierrez states Lockton has 120 days before it is required.</p> <p>Lockton states about \$17M is what they can see for early claims results and in another week they’ll have final numbers on the early release report. High-cost claimant activity is impacting the State of Maine’s trend. Cancer is what is driving up costs with 85 high-cost claimants. Lockton also did see some additional high-cost inpatient activity in the member pay band of over \$500K and just below \$1M.</p>	
<p><b>b. Employee Health and Wellness Highlights – Shonna Poulin-Gutierrez</b></p>	<p>Information contained in written report; highlights and discussion noted below:</p> <p><b>Active and Retiree Demographics –</b></p> <ul style="list-style-type: none"> <li>• <u>Anthem Population Claims (6/23 to 5/24)</u>: Anthem population claims from 6/23 to 5/24 total \$189.2M with \$615.87 per member per month.</li> <li>• <u>Aetna Member Cost Results (4/23 to 3/24)</u>: Aetna member cost results from 4/23 to 3/24 show a total medical paid amount of \$95M with \$10,557 paid amount per member.</li> </ul>	<p><b>Labor Member, Danielle Murphy</b> states an exception from Carrum must be received and this information should be readily available for people living outside of the 150-mile radius. <b>Management Member, Olivia Alford</b> seconds this thought regarding transparency with employees.</p> <p><b>Management Member, Shonna Poulin Gutierrez</b> states that</p>



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- Delta Dental Claims Paid (7/23 to 6/24): Delta Dental claims paid from 7/23 to 6/24 total \$7.4M with claims cost per subscriber totaling \$552.64.

**Wellness Highlights –**

- Bumper Crop Pilot: The Bumper Crop program administered through the Maine Federation of Farmers’ Markets is happening now. There is a Bumper Crop pre-survey which we are asking those who received the vouchers to complete. The link to the pre-survey is located on the rack-card that was mailed to eligible participants along with the vouchers themselves.
- Summer Toolkit: Reminder that we have the Summer Toolkit on our website that is accessible to all and contains summer resources such as sun safety, water safety, road safety and more.

**Communications Highlights –**

- Carrum Health: The Carrum Health mailer hit homes of all plan members in late June. We are working alongside Carrum Health and Lockton to get member facing communications on our website.
- New Plan Year: All Health, Pharmacy, Dental and Vision Plan documents have been uploaded to our website. All premiums have been updated on our website. A frequently asked questions webpage has been updated to reflect common questions we’ve received regarding the pharmacy transition.
- Constant Contact: Constant Contacts were sent out for Professional Wellness Month (Open Rate 46%), Access2Care (Open Rate 51%), and WellStarME Summer Toolkit (Open Rate 42%).

**General Reminders –**

- State of Maine Health Plan members have access to benefits such as the 24-hour nurse line for no additional cost, LiveHealth Online for no additional cost, and Walk-in-Center listing options for a \$25 co-copay.

outside of mileage, the goal is to expedite the process. The Office of Employee Health, Wellness, and Workers’ Compensation could consider putting a spotlight on this matter and can take this as a takeaway.



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- Aetna Medicare immediate care options include:
  - Teladoc (average wait time of 15 minutes).
  - Walk-In Clinic (average wait time of 1 hour or less).
  - Urgent Care Center (average wait time of 1-2 hours or less).
  - Emergency Room (average wait time of 3 hours or more for non-emergencies).

**Contracts –**

- There are no contract updates to report in July.

**V. QUARTERLY PLAN UPDATES**

**a. Healthcare Purchasers Alliance – Trevor Putnoky**

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

- Analytics: Q2 and Q3 analytics reporting includes:
  - **Several member-specific analyses:**
    - In-versus out-of-network utilization trends for behavioral health and substance use disorder services.
    - Customized cost driver reports for specific business units.
    - Annual data review presentations to Health Purchaser Alliance members’ boards.
  - A customized report for each plan sponsor comparing their members with Inflammatory Bowel Disease (IBD) to the Health Purchaser Alliance’s book of business.
  - A customized report for each plan sponsor showing spend and utilization of GLP-1 Inhibitors for weight loss and diabetes compared to Health Purchaser Alliance’s book of business
- Inflammatory Bowel Disease Snapshot 2023: Inflammatory bowel disease (IBD) is a term that describes disorders involving long-standing (chronic) inflammation of tissues in the digestive tract. The prevalence of IBD within your population is more than the Heath Purchasers Alliance book of business.

**Labor Member, Jonathan French** asks whether the book of business has seen a decrease?

**Healthcare Purchasers Alliance** states they will go back to the analytics team to get that answer.



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State of Maine's IBD population of employees is 5.9 times more costly than other adults without IBD.

- State Employee Health Commission Inflammatory Bowel Disease Analysis:
  - **Member Per Year Allowed vs. Health Purchasers Alliance Book of Business:** Specialty medications dispensed through the pharmacy benefit or infused in a medical setting are an important component of effective IBD treatment.
  - **Select Utilization and Quality Indicators:** Lower compliance with these medical quality measures can lead to suboptimal care, increased morbidity, and disability over the longer term.
  - **What You Can Do:** Educate members on "side of care costs" difference, particularly for infused/injected medications and colonoscopy and endoscopy services. Educate members on drug manufacturers' assistance and coupon programs to help with medication affordability.
  
- Education:
  - **HR Strategy Trainings:** Health Purchasers Alliance continued its bootcamp training sessions with a 101-level session on 4/24. The training focused on broad market trends, funding strategies, how to leverage data, and what to look out for when evaluating Third Party Administrators, Pharmacy Benefit Managers, and point solutions.
  - **Member Meetings and Webinars:** At the Health Purchasers Alliance's June member meeting, Central Maine Health Care Chief Executive Officer, Steve Littleton, discussed the financial challenges facing Maine hospitals, and Dr. Peter Pronovost—one of TIME's 100 Most Influential People in the World and a MacArthur Genius Grant recipient—shared his efforts to maximize efficiency at university hospitals.
  - **Solution Briefs:** Health Purchasers Alliance (HPA) is publishing a series of solution briefs this year. Already released briefs include a case study of strategies implemented by an innovative Maine



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employer, as well as a diabetes management brief. In the coming months, HPA will publish briefs on fertility benefits, Medicare enrollment vendors, and leveraging transparency data, as well as a behavioral health case study.

- The Health Purchaser Alliance’s Work to Improve Hospital Affordability: The Health Purchaser Alliance was awarded a 2-year grant from the Arnold Foundation to work with hospitals to better understand their financial health and identify opportunities for advancing affordability.
  - **Project Goals: Project goals are as follows –**
    - With technical support from hospital financial experts, engage the four largest health systems in the state (Central Maine Healthcare, MaineHealth, MaineGeneral Health, and Northern Light) in analyses of hospital financial data.
    - Reconcile publicly available price transparency data with each health system’s audited financial statements and bond filings.
    - Understand potential shortcomings of price transparency tools from the hospital perspective.
    - Work with hospitals, purchasers, legislators, and consumer groups to advance hospital affordability in Maine.
- Why This Work Matters to Purchasers: The Consolidated Appropriations Act (CAA) of 2021 places renewed focus on the Employee Retirement Income Security Act of 1974 (ERISA) fiduciary standards for sponsors of group health plans. Across the Health Purchaser Alliance’s book of business, hospital spending comprised 52.3% of combined medical and pharmacy claims from 2019-2022.
- Initial Learnings: Some high-level findings show -
  - No two health systems are the same, and few shortcuts exist for those who want to better understand the financial status of a specific hospital or system.
  - New transparency tools provide an instructive lens with which to look at hospital finances and prices, but purchasers and policymakers should



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- complement them with additional data sources, like audited financials, to get a more holistic view of a system’s financial health.
- In Maine, only one of the four systems whose finances we evaluated averaged a positive operating margin between 2019-2022.
  - Investment losses can have a significant impact on operating margin. One system saw a \$250M investment loss between 2021-2022, which meaningfully impacted its margin. However, it still had \$1.5B left in investments. Purchasers and policymakers may want to remove investments from their assessment for a different lens on operating margin.
  - Hospital systems use high commercial prices to subsidize unprofitable parts of the healthcare system, like long-term care, some of which may be more appropriately funded through state government in exchange for lower hospital prices.
  - None of the financial tools measure appropriateness of spending or a hospital or system’s efficiency, which can have a significant impact on margins.

**VI. EDUCATION**

**a. Free Cost and Quality Resources– Trevor Putnoky**

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

- Why Transparency Matters: Both the quality and cost of healthcare services vary significantly depending on where patients go for care. Consumers have the ability to save money and improve outcomes by “shopping” their care using a host of free resources.
- CompareMaine.org: Medical errors can, and do, happen in Maine. Consumers can use publicly available data to choose higher quality providers.
- The Centers for Medicare and Medicaid Services Hospital Compare: Consumers can access overall quality scores, patient experience survey data, info on timely and effective care, complication, death rates, and more.
- Hospital Compare.IO: We have not been able to get in touch who exactly they are; however, The Centers for Medicare and Medicaid Services is the gold standard.



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- The Leapfrog Group: The Leapfrog Group is an independent, nonprofit organization that scores the safety of hospitals and ambulatory surgical centers (ASCs) using letter grades from A to F. The website is intended for consumers to help them choose high-quality facilities for non-emergency care. It has the added benefit of encouraging quality improvement by making scores public.
- Turquoise Health: Turquoise Health leverages the machine-readable price files that hospitals are required to post under the Transparency in Coverage (TiC) Rule to offer consumer-friendly cost data. Consumers can access their health plan’s specific negotiated rate for a wide range of services to shop for the most affordable care in their region.
- Employers Forum of Indiana - Sage Transparency: The Sage Transparency tool combines public and proprietary cost and quality data to provide unprecedented insight to employers. The tool leverages the National Academy for State Health Policy’s Hospital Cost Tool, Centers for Medicare and Medicaid Services’ Hospital Compare ratings, RAND 5.0, Turquoise Health prices, and Quantros/Healthcare Bluebook quality ratings.
- Hospital Fee Care and Sliding Fee Scale Programs: Maine law requires hospitals to provide free care to residents at <150% of the federal poverty limit, but some hospitals opt to provide free care at <200% federal poverty level. Above the free care thresholds, many hospitals have sliding fee scales based on household income.
- Prescription Drug Resources: Prescription drug resources include Good Rx, or other prescription discount cards, MedAccess, ME Rx Plus, and manufacturer assistance.

**VII. SEMI-ANNUAL UPDATES**

**a. Compliance Review –  
Kristine Ossenfort and Mark  
Halloway**

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





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**State: Anthem – Kristine Ossenfort**

- Adjournment: Legislature adjourned sine die May 10, 2024. The effective date of non-emergency legislation is August 9, 2024. A number of bills were carried over to any special session of the legislature, but the legislature is not expected to meet again.

**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)* - The bill as amended requires coverage for blood testing for per- and polyfluoroalkyl substances (PFAS) recommended by a provider as medically necessary health care in accordance with clinical guidelines established by the National Academies of Sciences, Engineering and Medicine. The bill would apply to plans issued or renewed on or after January 1, 2025. *Status: Carried over on Appropriations Table*
- 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 as amended requires health insurance plans to cover certain occupational related screening services for first responders without cost sharing or prior authorization. *Status: Pocket veto*
- 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 coverage of treatment of pediatric postinfectious neuroimmune disorders including pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome. *Status: Dead*



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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 of 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. *Status: Pocket veto by Governor*
- L.D. 1832, *An Act to Require Reimbursement of Fees for Treatment Rendered by Public and Private Ambulance Services, Rep. Cyrway (R-Albion)* - The committee asked the Maine Medical Association to convene a stakeholder group to look at insurance coverage and reimbursement for community paramedicine services. Urgent transfers by air ambulance from one hospital to another are exempted from prior authorization; however, the transfers may still be reviewed for medical necessity. *Status: Enacted, P.L.2023,c.591*
- L.D. 2203, *An Act to Require Health Insurance Coverage for Federally Approved Nonprescription Oral Hormonal Contraceptives and Nonprescription Emergency Contraceptives, Rep. Arford (D-Brunswick)* - The bill as amended required first dollar coverage of over-the-counter oral hormonal and emergency contraceptives without a prescription when purchased at the pharmacy counter. *Status: Pocket veto*

**Prescription Drug Rebates –**

- L.D. 1165, *An Act to Enhance Cost Savings to Consumers of Prescription Drugs, Rep. Craven (D-Lewiston)* - The minority report of the committee would require that Point of Sale (POS) rebates be first applied to reduce the member's cost share, and any balance applied to reduce premiums overall. *Status: Dead*



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**Referenced Based Drug Pricing –**

- L.D. 1829, *An Act to Reduce Prescription Drug Costs by Requiring Reference-based Pricing, Sen. Reny (D-Lincoln)* – As amended, the bill proposes to amend the statute governing the duties of the Prescription Drug Affordability Board, including:
  - Assessing various strategies including reference based pricing and upper payment limits
  - Regulating cost-shares
  - Establishing spending targets
  - Establish upper payment limits for public or private payers
- Board is required to establish methodology for setting upper payment limits.
- It's not clear what happens if manufacturers refuse to sell at upper payment limits or reference price. *Status: Carried over*

**Pain Management –**

- L.D. 2096, *An Act to Ensure Access to Nonopioid, Nonnarcotic Medication for Acute Pain Relief, (Sen. Jackson, D-Aroostook)* - Requires carriers to develop a plan to provide adequate coverage and access to a broad spectrum of pain management services, including, but not limited to, nonopioid, nonnarcotic pain management services and nonmedication pain management services that serve as alternatives to the prescribing of opioid or narcotic medication. Required to file the plan with the Bureau of Insurance for approval. Carriers must distribute educational materials to network providers about the pain management access plan and post information about that plan on the carrier's publicly accessible website. Applies to health plans issued or renewed on or after January 1, 2026. *Status: Enacted, P.L. 2023, c. 661*

**Generics and Biosimilars –**

- L.D. 2114, *An Act to Improve Patient Access to and Savings from Generic Drugs and Biosimilars, (Sen. Jackson, D-Aroostook)* - The



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Resolve directs the Superintendent of Insurance to request data from health insurance carriers related to the placement of generic drugs and biosimilars on the prescription drug formulary, including:

- whether a generic or biosimilar is available on the formulary with a lower out-of-pocket cost to an enrollee than the brand drug equivalent; and
- whether there any limitations or restrictions on coverage of a generic or biosimilar that make it more difficult for an enrollee to obtain a generic or biosimilar than the brand drug equivalent.

Superintendent is required to report on the data submitted, together with any findings or recommendations, to the HCIFS Committee no later than February 15, 2025. *Status: Enacted, Res. 2023, c. 177*

**Insulin –**

- L.D. 2282, *An Act to Provide Greater Transparency About the Cost of Insulin and to Promote the Availability of Low-cost Insulin in the State* –The bill requires a manufacturer of insulin to notify the Maine Health Data Organization no later than February 15th of each year of the wholesale acquisition cost for the insulin produced by the manufacturer in each category of insulin. The bill also provides that a manufacturer of insulin that is a nonprofit organization is not required to pay an annual insulin product registration fee. *Status: Enacted, P.L. 2023, c. 610*

**Provider Legislation –**

- Prior Authorization –
  - L.D. 796, *An Act Concerning Prior Authorizations for Health Care Provider Services, Rep. Pringle (D-Windham)* Make various changes to prior authorization that apply to policies issued on or after January 1, 2025:
    - Allows a provider actively treating an enrollee to file grievances and without first obtaining written authorization from the enrollee, subject to certain notice requirements.



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- Requires that prior authorization approvals be effective for 2-weeks before and after a specific date.
- Nonemergency covered services cannot be denied for lack of prior authorization but are subject to review for medical necessity. The penalty for failure to obtain prior authorization for medically necessary covered services cannot be more than 15% of the contractually allowed amount.
- Determinations of medical necessity cannot be based on whether those services are provided by participating or nonparticipating providers.
- Establishes certain requirements for prior authorization related to immediate post-evaluation or post-stabilization services following emergency treatment.

Requires the Superintendent of Insurance to collect data related to prior authorization determinations for calendar years 2021, 2022 and 2023 and to report this information to the HCIFS Committee by January 15, 2025.

Also requires carriers to report certain information related to prior authorization to the Bureau of Insurance annually, and the Bureau will be required to report aggregate data for carriers and post it in the Bureau website.

- Provider Billing –
  - L.D. 1533, *An Act to Provide for Consistent Billing Practices by Health Care Providers, Rep. Morris, (R-Turner)* - As enacted, the bill requires that claims for facility services that are submitted for payment or reimbursement to nonprofit hospital or medical service organizations, nonprofit health care plans, administrators, insurers or health maintenance organizations must identify the physical location where services are rendered. *Status: Enacted, P.L. 2023, c. 521*
  
- Transparency –



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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. Arford (D-Brunswick)* - The bill established certain requirements for providers to provide good faith estimates to uninsured and self-pay patients. *Status: Enacted, P.L. 2023, c. 584*

**State Retirees –**

- 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. *Status: Carried over*

**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. *Status: Dead*

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. *Status: Dead*

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



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data, the use of personal data in targeted advertising and the use of the personal data of minors. *Status: Dead*

**Federal: Lockton – Mark Halloway**

- 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. Mental health parity compliance states whatever 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 and 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 last summer, and they are complicated.
- Preventative 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 its Medicaid program. Big Pharma is likely to challenge



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this in a lawsuit. Maine and 7 other states have 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.
- 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.
- Transparency Rules: Transparency rules are as follows –
  - The cost tool functional requirement for all covered items and services must be available through the price comparison tool.
  - Machine readable file to include prescription.
  - The Federal Government is to issue implementation guidance.

**b. Living Resources Program –  
Jennifer Harris**

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

**Utilization Review –**

- Our Value to the State of Maine: The Living Resource Program offers relentless focus on innovation and results. This is a 24/7 on-demand clinical-first approach, that meets individuals where they are providing a premium well-being solution and unmatched enterprise support capabilities.
- Living Resources Program and State of Maine – Our Impact: Program engagement remains strong at approximately 33% which is well above ComPsych book of business of 14% and industry average of 23%. In the 9

**Management Member, Oliva Alford** states that it is difficult to figure out that guidance resources is the Living Resources Program on the Employee Health, Wellness, and Workers’ Compensation website.

**Nathan Morse** responds that we can take a look to see how it is represented on the page and make updates.





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*Labor Member, Co-Chair*

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years the State of Maine has offered this program there have been 15K individuals served.

- Behavioral Health Trends – Impact of Absence: There has been a 233% increase in behavioral health leave cases over last 3 years. The annual cost of this loneliness attributed absenteeism in the US is estimated to be \$154B.

**Executive Summary Q2 2024 –**

- Program Utilization Overview: In Q2 of 2024, service engagement has remained on trend at over 15k. Online access shows the number of registered users has decreased from 132 to 127.
- Live Utilization: The top 5 book of business counseling concerns include psychological, partner/relationship, stress, anxiety, and depression. About 1 in 4 American adults suffer from a diagnosable mental health disorder in a given year.
- Presenting Issues: Presenting issues show 25% of employees say they are frequently or always concerned about their financial situation. Over 3 quarters of employees have some caretaking responsibilities either for children, parents, or disabled family members.
- Client Demographics: Demographics show 60% of employees worldwide say their job is the biggest factor influencing their mental health. The majority of members utilizing the Living Resources program are female at 56%, with the client age group showing people between the ages of 50-59 are using this service most.
- Digital Engagement: Digital engagement is up in Q2 with 50 members utilizing on-demand trainings.
- Enterprise Support: Crisis support has decreased from 27 hours in Q1 to 14 hours in Q2. There has been an increase in Learning and Organizational Excellence sessions from 15 in Q1 to 19 in Q2 with 439 attendees.



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**Strategic Roadmap –**

- Online Support Groups – Q3 2024: Single Session Online Groups on Various Wellness Topics include:
  - Mood management (addressing symptoms of anxiety, depression, anger, etc.)
  - Self-care
  - Stress management
  - Coping with grief and loss
  - Mindfulness
  - Diet and nutrition (or other healthy living topics)
  
- The ComPsych Experience – Our Guiding Principles: Our guiding principles include a passion and dedication for our clients and our work that is second to none. A “build-to-suit” approach of innovative, cutting-edge programs uniquely designed for each client. A service orientation to always over-deliver on customer expectations. Impeccable integrity—demonstrated by our conduct in and out of the office. Demonstrated superior quality and value that forges long-term service relationships with our clients.

**VIII. OTHER BUSINESS**

**a. Committee Vacancies**

Highlights and discussion noted below:

Labor Member, Jonathan French states Management Member, Breana Bissell will co-chair on the Plan Design committee and asks that Devon French send out information to the State Employee Health Commission members on what each of the sub committees does in hopes someone might volunteer to fill any vacant spots. Labor Member, Kevin Dionne asked to be added as a Labor Member on the Finance Committee and Appeals Committee. Labor member, Jonathan French asks Management Member, Frank Wiltuck to provide regular reporting regarding finances. Management Member, Frank Wiltuck says the committee will convene a meeting in August or September. Labor Member, Jonathan French states they will speak with Management Member, Shonna Poulin Gutierrez and Management Member, Breana Bissell to schedule.

**Devon French** to send out information to the State Employee Health Commission members on what each of the sub committees.

**Labor Member, Kevin Dionne** is to be added as a Labor Member Finance Committee and Appeals Committee.

**Labor Member, Jonathan French** asks **Management Member,**



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		<p><b>Frank Wiltuck</b> to provide regular reporting regarding finances.</p> <p><b>Labor Member, Jonathan French</b> states they will speak with <b>Management Member, Shonna Poulin Gutierrez</b> and <b>Management Member, Breana Bissell</b> to schedule.</p>
<p><b>b. Open Discussion</b></p>	<p>Highlights and discussion noted below:</p> <ul style="list-style-type: none"> <li>The State Employee Health Commission Meeting voted in favor of cancelling the previously scheduled August 15, 2024, meeting.</li> </ul>	<p>Management Member, Frank Wiltuck made a motion to cancel the August 15, 2024, State Employee Health Commission Meeting; Labor Member, Laurie Doucette, seconded the motion. Motion passed.</p> <p>State of Maine Health Commission Members enter Executive Session with Carrum from 11:37am to 1:09pm.</p>
<b>IX. REQUEST MOTION TO ADJOURN</b>		
<p><b>a. X. Adjourn Meeting (1:12pm):</b></p>		<p>Management Member, Frank Wiltuck made a motion to adjourn; Management Member, Heidi Pugliese, seconded the motion. Motion passed.</p>

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