

via electronic submission

March 23, 2021

Brittnee Greenleaf
34 State House Station
Augusta, ME 04333-0034

Re: Rule Chapter 851, Clear Choice Designs for Individual and Small Group Health Plans

Dear Ms. Greenleaf,

The 9 organizations listed below appreciate the opportunity to provide comments on the proposed rule Chapter 851 Clear Choice Designs For Individual And Small Group Health Plans. Our organizations represent thousands of Maine patients and consumers who face serious, acute, and chronic health conditions. We have a unique perspective on what individuals and families need to prevent disease, cure illness, and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that we believe is a critical component of any discussion aimed at improving or reforming our system of care.

We appreciate and commend the Bureau of Insurance's efforts to propose plans that include copayments rather than coinsurance. Copayments provide a far simpler way to understand plan benefits than coinsurance.

However, we are concerned that, with very few exceptions, the vast majority of coverage in these plans is accessible only post-deductible. We are also concerned that there is minimal variance in the proposed benefit design between the "high" and "low" option within each metal tier.

We would respectfully request that the Bureau consider at least one option in each metal tier that seeks to maximize first-dollar coverage for as broad a set of services as is practicable.

We believe that such plan design can be achieved within existing AV requirements, and are providing the attached Excel workbook using the Federal AV Calculator in which we demonstrate the viability of silver plan designs that provide copay-only prescription benefits pre-deductible at a 70.9% AV. We are not suggesting that these precise models should necessarily be adopted: merely demonstrating the feasibility of maximal pre-deductible coverage.

While we share concerns regarding the premium impact of pre-deductible coverage, we would note that both the state and federal governments have taken significant steps to mitigate premium growth, but far fewer efforts have been made to limit exposure to out of pocket costs. Premiums, as we know, are not the only expense incurred when shopping for coverage. If consumers can afford to pay a premium but cannot afford to actually use their coverage, the overall value of their insurance is minimal.

Just in the few weeks since the Bureau released this proposed rule, Congress has passed legislation that significantly expands advance premium tax credits for the next two years, including for individuals with

incomes over 400% of the Federal Poverty Limit. In addition, the State is currently exploring a 1332 waiver to help ease small group premiums through a pooled market reinsurance mechanism. Given the significant investments in reducing premiums, we feel it is vital that pre-deductible coverage be maximized in order to ensure that consumers can afford to actually access the benefits they pay for.

In fact, we would note that in many cases, the proposed Clear Choice designs provide *less* first-dollar coverage for some services than existing Marketplace plans, and comments during the public hearing on the proposed rule pointed out that these designs are less generous than many existing small group plan options. For instance, several plans currently available on the individual market offer pre-deductible copays for specialty providers, compared to only two of the Clear Choice designs; a number of current plans also offer lower pre-deductible copays for some prescription tiers, including \$5 generics, than the Clear Choice proposals.

On behalf of the organizations below, we thank you for the opportunity to continue to provide comments and input as the Bureau of Insurance moves toward implementing Clear Choice benefit designs. If you have any questions, please feel free to contact Steve Butterfield, Regional Director of Government Affairs for The Leukemia & Lymphoma Society, at steve.butterfield@lls.org or 207-213-7254.

Arthritis Foundation

Epilepsy Foundation New England

Hemophilia Alliance of Maine

Hemophilia Federation of America

The Leukemia & Lymphoma Society

National Multiple Sclerosis Society

National Organization for Rare Disorders

New England Bleeding Disorders Advocacy Coalition

New England Hemophilia Association