

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)



132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1310

S.P. 540

In Senate, March 27, 2025

An Act to Amend the Laws Governing Insurance Coverage of Preventive and Primary Health Services

Reference to the Committee on Health Coverage, Insurance and Financial Services
suggested and ordered printed.

A handwritten signature in black ink, appearing to read "D M Grant", is positioned above the printed name of the Secretary of the Senate.

DAREK M. GRANT
Secretary of the Senate

Presented by Senator BALDACCI of Penobscot.

Cosponsored by Senator: HAGGAN of Penobscot, Representative: MORRIS of Turner.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 24-A MRSA §4320-A, sub-§3-A**, as enacted by PL 2021, c. 638, §2, is
3 amended to read:

4 **3-A. Parity in cost sharing for primary care and behavioral health office visits;**
5 **individual or small group health plan.** An individual or small group health plan with an
6 effective date on or after January 1, 2023 must provide coverage without cost sharing for
7 the first primary care office visit and first behavioral health office visit in each plan year
8 and may not apply a deductible or coinsurance to the 2nd or 3rd primary care and 2nd or
9 3rd behavioral health office visits in a plan year. Any copayments for primary care office
10 visits and behavioral health office visits in a plan year count toward the deductible. After
11 the first behavioral health office visit, a health plan may not apply a copayment amount to
12 a behavioral health office visit that is greater than the copayment for a primary care office
13 visit. For the purposes of this subsection, “behavioral health office visit” means an office
14 visit to address mental health and substance use conditions. This subsection does not apply
15 to a plan offered for use with a health savings account unless the federal Internal Revenue
16 Service determines that the benefits required by this section are permissible benefits in a
17 high deductible health plan as defined in the federal Internal Revenue Code, Section
18 223(c)(2) or to a health plan that has no deductible, no coinsurance and out-of-pocket limits
19 that meet the applicable federal requirements. The superintendent may adopt rules as
20 necessary to address the coordination of the requirements of this subsection for coverage
21 without cost sharing for the first primary care visit and the requirements of this section with
22 respect to coverage of an annual well visit. Rules adopted pursuant to this subsection are
23 routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

24 **Sec. 2. 24-A MRSA §4320-A, sub-§3-B**, as enacted by PL 2021, c. 638, §3, is
25 amended to read:

26 **3-B. Parity in cost sharing for primary care and behavioral health office visits;**
27 **group health plan.** A group health plan, other than a small group health plan subject to
28 subsection 3-A, with an effective date on or after January 1, 2023 must provide coverage
29 without cost sharing for the first primary care office visit and first behavioral health office
30 visit in each plan year. After the first behavioral health office visit, a health plan may not
31 apply a copayment amount to a behavioral health office visit that is greater than the
32 copayment for a primary care office visit. For the purposes of this subsection, “behavioral
33 health office visit” means an office visit to address mental health and substance use
34 conditions. This subsection does not apply to a plan offered for use with a health savings
35 account unless the federal Internal Revenue Service determines that the benefits required
36 by this section are permissible benefits in a high deductible health plan as defined in the
37 federal Internal Revenue Code, Section 223(c)(2) or to a health plan that has no deductible,
38 no coinsurance and out-of-pocket limits that meet the applicable federal requirements. The
39 superintendent may adopt rules as necessary to address the coordination of the
40 requirements of this subsection for coverage without cost sharing for the first primary care
41 visit and the requirements of this section with respect to coverage of an annual well visit.
42 Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5,
43 chapter 375, subchapter 2-A.

1
2
3
4
5

SUMMARY

This bill amends the laws governing parity in cost sharing for primary care and behavioral health office visits to provide that those laws do not apply to health plans that have no deductible, no coinsurance and out-of-pocket limits that meet the applicable federal requirements.