

Office of Affordable Health Care  
2023 Public Hearing Comment Solicitation – **Advocacy/ Professional Associations and Others**

*Written comments are due by midnight on Friday October 4<sup>th</sup>, 2024.*

*Comments may be emailed to [meg.garratt-reed@maine.gov](mailto:meg.garratt-reed@maine.gov), and should be attached as a word document or PDF. Please note that comments are not confidential and will be posted publicly.*

**Submitter Information**

Organization:	MedHelp Maine
Individual submitter's name:	Martha Morrison
Title:	Director

**Comments** . . . from an organization that helps medical practitioners and their hospital or health system employers or allies lessen cost-related medication nonadherence in order to improve treatment outcomes and lessen the need for avoidable, costly, and often unreimbursed ER visits and hospitalizations.

1. Please identify and briefly describe the top (2-3) cost-related barriers consumers in Maine face when attempting to access necessary health care.

The inability of insured Mainers to obtain needed health care or medicines due to high policy deductibles and unaffordable coinsurance or copays. (70% of Maine's 2020 BRFSS respondents who said they couldn't obtain needed medical care due to costs were in fact insured, representing tens of thousands of state residents.)

Policymaking that's based on claims data focuses only on health care costs while ignoring treatment outcomes and any improved health resulting from expenditures for medical interventions. It altogether disregards the experiences of the many Mainers who must forgo needed care due to unaffordable out-of-pocket costs, and for whom claims are never generated.

The variety and complexity of public and private insurance options, their exclusions and limitations, the requirement of many for annual reenrollment, and various other demands of the insured and the clinician present access to care barriers for even medically savvy Mainers and challenges that are often unsurmountable for many of Maine's most socioeconomically vulnerable residents.

AND, significantly, #4: The health care community is so frustrated and time-constrained by non-medical demands that the historically valued **caring** component of their efforts, which includes ensuring patients' ability to adhere to treatment recommendations, is noticeably diminished.

2. Of the barriers described in question one, are there characteristics specific to Maine (geographically, economically, demographically) that contribute to the significance of the issue here?

Resistance of medical practitioners and their institutions to learning about and addressing the patient-specific socioeconomic factors that prevent every Mainer from achieving the best possible health.

Not-for-profit health care organizations that mimic investor-owned entities by prioritizing organizational financial well-being over measurably improved health.

Decision-making by higher income, well-insured individuals who themselves have never faced the barriers to health care access experienced by more financially vulnerable Mainers whose own suggestions are too often either unsolicited or just ignored, thus reducing opportunities for learning about the human impact of public policy from Mainers with applicable lived experience.

Attention and resources are increasingly directed to newly visible small underserved populations at the expense of the far greater number of Mainers whose inability to afford needed health care persists and whose circumstances have a far greater impact on Maine's overall health status.

3. With as much specificity as possible, please identify and describe the top state health policy changes your organization would recommend reduce or eliminate these barriers.

Assess health care access, treatment outcomes, and the health status of uninsured and underinsured Mainers whose experiences are not included in claims data.

Promote the implementation of a single federally administered publicly funded universal health insurance program in which every American has access to the same benefits and is enrolled from birth to death.

Exclude representatives of payer organizations from OAHC deliberations until after solutions to health care unaffordability for individual Mainers/Maine patients have been proposed and debated by others. Only then should the payers weigh in on how those solutions might or might not be achievable and compatible with their corporate goals.

Create a mechanism for one-stop intake/preliminary eligibility determination for all publicly funded insurance, access to unaffordable medicines, low-income housing, transportation, nutrition assistance, heating assistance, and other programs - so already vulnerable Mainers need not contact numerous separate organizations for possible enrollment in each separate service.

Require greater health literacy training in K-12 education, with exposure in the upper grades to the current ways of paying for health care in the U.S. and to the reasons for and consequences of impaired access.

Fund an ongoing multi-media public awareness campaign for the general public that explains: the organization of the various components of the U.S. health care system; how each type of service can most efficiently and cost-effectively benefit individual Mainers; how, why, and where Mainers can participate in disease prevention and wellness activities; and where to turn for help when needed medical care is not affordable.

4. Please share any additional comments.

None.