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**Office of Affordable Health Care
2023 Public Hearing Comments**

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Good morning Director Garratt-Reed and staff of the Maine Office of Affordable Health Care. My name is Alex Carter, I use she/her pronouns, and I'm a Policy Advocate at Maine Equal Justice, a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine with low income. A central piece of this work is to improve access to affordable, comprehensive health care.

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

As Medicaid expansion, the establishment of a health insurance marketplace, and countless studies have demonstrated, health care coverage improves access to necessary health care and therefore improves health outcomes.¹ While the legislature and current administration have taken important steps to improve access to affordable health care—including the establishment of this office—there are still a group of people who are categorically excluded from utilizing MaineCare benefits based solely on their immigration status. These Mainers include green card holders and certain victims of abuse who arrived in the U.S. less than five years ago, asylum seekers with pending cases—with and without employment authorization—and those who are undocumented or have an uncertain or temporary protected status. The inability to qualify for public health insurance, and in many cases private insurance or subsidies, is the single greatest cost-related barrier for immigrants in our state to getting the health care they need.

Those who fall into this coverage gap must turn to a patchwork of safety net services such as hospital free care and Emergency MaineCare as their only point of access to our complex healthcare system. Forcing some of our residents to rely only on emergency services or free care results in people delaying necessary care and turning to hospitals when they could be better served in other settings. It also increases the cost of health care for everyone. When people put off care until an ailment becomes an emergency, it results in poorer health outcomes – contributing to disparities, harming individuals and families, and affecting individuals' abilities to fully participate in school or the workforce. Furthermore, many of the people who are

¹ <https://www.aha.org/guidesreports/report-importance-health-coverage>

ineligible for full MaineCare based on their current status will become eligible at some point in the near future. If we ignore their health care needs today, we will still be paying for their higher health care costs down the line after health conditions have gone undetected and untreated.

A second, but related issue is the inconsistency in the administration of the municipal welfare and hospital free care programs across our state. Depending on where you live and which facility you have access to, there can be significant differences in the services provided, eligibility standards for discounted care, and collection practices. For example, a large hospital in central Maine requires state identification to determine eligibility while others will accept a lease or utility bills as proof of residency. Some health systems provide comprehensive services including primary and preventive care to those who meet their income thresholds while others only offer free care applications after services are rendered, which can result in patients being billed for services and sometimes results in bills going to collections even though those costs should be covered by free care. The differences in how Maine's municipal welfare program (General Assistance) is administered between municipalities has been a concern for many years and was a repeated complaint that the Department of Health and Human Services (DHHS) heard during its recent listening sessions around the program.

Lastly, we also know from our work with people directly impacted by poverty that transportation remains a barrier to accessing all types of services, including healthcare, particularly for people in more rural regions of our state. A lack of public transit infrastructure, high gas prices, and vehicle costs all factor into more missed appointments, extended wait times to seek necessary care, and a limited ability to access specialty services.

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?

Maine has a relatively small, but diverse and growing immigrant population many of whom are ineligible for federal Medicaid. Like most states, there are correlations between negative health outcomes and race and ethnicity in Maine. Sadly, at the height of the COVID-19 pandemic, Maine had the unfortunate distinction of the highest racial disparities for COVID-19 infections in the country. Although not all immigrants are people of color and not all people of color in Maine are immigrants, a higher proportion of those who would qualify for MaineCare, but for their immigration status, identify as Black or Brown. We cannot fully address racial health disparities as long as this systemic inequity persists.

Multiple other states have moved to expand state-funded coverage to more or all their immigrant populations through various mechanisms including California, Colorado, Illinois, Massachusetts, New York, Oregon, Washington, and Washington, D.C. Maine took a significant step forward by providing MaineCare and CHIP coverage to pregnant people and children under 21, regardless of immigration status. This change is already positively impacting the lives of individuals who gained coverage and will have long-term benefits for children in

our state. However, Maine still needs to act to remove the remaining exclusions in MaineCare to address health equity on a larger scale, which will also benefit our state's workforce needs and the wellbeing of immigrant families and our communities.

It's also important to note that a larger share of Mainers hold medical debt when compared with our neighboring New England states. Research from the Urban Institute shows that 15% of all Maine residents have medical debt in collections while under 6% of the populations in New Hampshire, Vermont, and Massachusetts hold medical debt in collections. In Maine, 8% of white communities don't have health insurance coverage and 11% of communities of color don't have coverage, despite making up a dramatically smaller percentage of the population.² This speaks to the intersecting challenges of rising medical costs, unaffordability and differing access to coverage and care, and an inadequate safety net to meet health care needs in our state.

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.

Removing immigrant exclusions to the MaineCare program so all income-eligible adults have access, would eliminate a significant barrier to healthcare coverage—and therefore increase health care access—for thousands of Maine residents. We at Maine Equal Justice and our immigrant partners in the All Means All coalition believe that this policy change would have the single greatest impact on health care access and health equity in our state.

If we believe that all Mainer's deserve better and more affordable healthcare, then we must include everyone, no matter their immigration status, in that definition.

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² <https://apps.urban.org/features/debt-interactive-map/?type=medical&variable=medcoll&state=23>