

**Joint Standing Committee on Health Coverage,
Insurance and Financial Services**

**Written Comments Submitted for Meeting on April 28, 2022
(received as of 2:00 pm 4/27/2022)**



April 26, 2022

TO: Joint Standing Committee on Health Coverage, Insurance & Financial Services

RE: Briefing on Provider Contracting Dispute between Anthem and MaineHealth

Testimony of Jennifer Kent, Executive Director of the Maine Education Association Benefits Trust

Greetings Senator Sanborn, Representative Tepler and members of the Committee on Health Coverage, Insurance & Financial Services. My name is Jennifer Kent and I am the Executive Director of the Maine Education Association Benefits Trust, a not-for-profit employee welfare benefit plan dedicated to the health of Maine public school employees and their families. Our plan offers health insurance to approximately 68,000 active and retired educators, support staff and their dependents in the K-12 schools throughout Maine.

Our active and retiree medical and prescription benefits are insured by Anthem. The Trust has worked hard to provide our members with the best health and wellness plans at affordable rates. In March, our Board of Trustees renewed with Anthem for the plan year July 1, 2022 through June 30, 2023, and rates were distributed to all of our participating schools.

We are very concerned about the impacts of an unexpected, mid-contract termination of Maine Medical Center from the Anthem provider network, particularly as it will occur in the middle of our insured contract year. Schools and towns have developed budgets and tax rates based on our negotiations with Anthem, which assume Maine Medical Center is paid as an in-network provider at the in-network rates which were mutually negotiated by MaineHealth and Anthem as part of their three-year contract. The Trust has worked hard over the years to keep increases in medical premiums as low as possible for our members, the school districts and the taxpayers, while also investing in tools and resources to help keep our members healthy and productive. In addition to cost considerations, Maine Medical Center going out of network, mid-contract, is an unprecedented disruption to our members adding unnecessary stress for our members, after everything they have been through during this pandemic.

We respect the ability of parties in any negotiation to disagree. We note, however, that this is no ordinary contract negotiation. The issues are far more complicated than has been captured in the news reports. The resolution of this dispute will have far-reaching consequences to the delivery of affordable health care in Maine for years to come. A solution requires compromise by both parties and an awareness and appreciation of their respective perspectives and of their mutual responsibility to the community that they both serve.

We do not believe that our carrier should automatically agree to any increase proposed by a provider, especially mid-contract. We expect our insurance company to work to mitigate costs and trend, to provide our members access to the best care at the best possible price. We also note that it is important for providers to be paid correctly and promptly to support the delivery of ongoing, quality

care. We continue to encourage compromise and flexibility by both parties, to reach a resolution that is, first and foremost, in the best interests of their patients and members.

Contingency planning for the largest hospital in the state being out of network for the largest health insurance carrier in the state is complicated and takes time. Trusts like ours and other stakeholders will need to develop prudent and appropriate alternatives for our members if this dispute is not satisfactorily resolved. Time is of the essence in getting these parties back to the mediation table and resolving their differences.

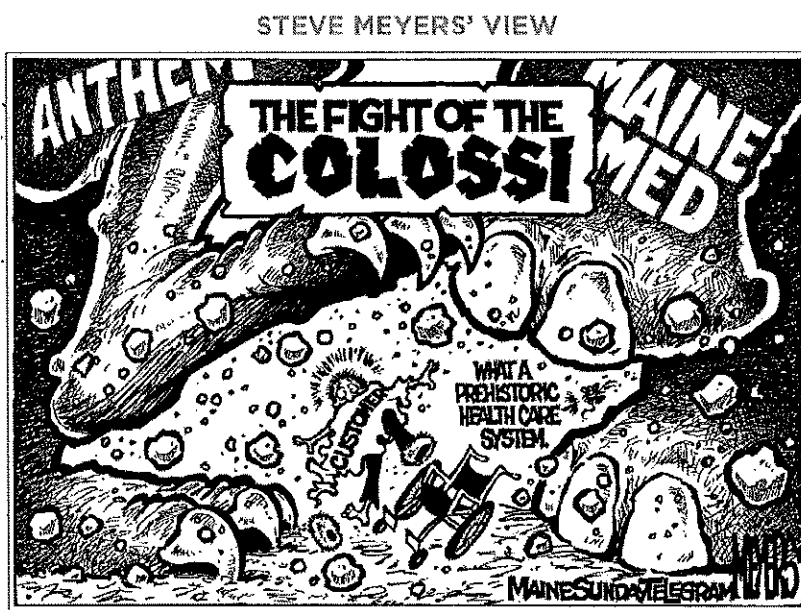
We appreciate and support the efforts of this Committee. We encourage this Committee, the Bureau of Insurance, the Governor, and the Attorney General to take whatever actions they can to encourage and facilitate the mediation and resolution of this dispute in a timely and equitable fashion.

Thank you.

Julie K. Pease, MD, Topsham, Maine

The Anthem/Maine Health stand-off is unfortunately not new. Narrowing of insurance networks has been happening for years. As a personal example, last year when I went to Northern Light Mercy Hospital for my annual mammogram and breast exam, I was told AFTER THE PROCEDURE that Northern Light was no longer in the network for my particular Anthem ACA plan, and that I would be “on the hook” for full charges. Both the insurance companies and the hospitals benefit from these shenanigans, because the insurance company pays less (or nothing at all) while the hospital system is able to charge more.

Both Anthem and Maine Health are health industry Goliaths that are raking in millions of dollars every year, while patients pay more. This Steve Meyers cartoon from the Maine Sunday Telegram says it all:



There are some excellent solutions to our healthcare financing mess, contained in the many universal health care bills that have been submitted in state legislatures (including Maine) and in Congress over the past 20 years. These bills have been backed up by fiscal studies showing savings. Yet these reforms have gone nowhere, largely due to fear-mongering by insurance companies, hospitals, and pharmaceutical companies. The Goliaths continue to profit while patients pay.

How many more of these health industry battles will patients have to endure before the Maine Legislature tackles real healthcare reform?



To: Maine Legislature - Committee on Health Coverage, Insurance & Financial Services

Date: Hearing Date April 28, 2022

Re: Testimony Regarding Anthem

To the Chairs and Members of the committee and to the Legislative Staff my gratitude for allowing my testimony on the bill before you. My name is Robert Reed, and I am the Executive Director of the Maine Chiropractic Association. I have 10 years working in Claims and Provider Relations under the former Blue Cross and 25 years since working in healthcare finance and reimbursement.

12 months ago, conditions with Anthem were so poor that we saw chiropractors begin to leave their network. Many of our doctors were reporting unpaid claims to Anthem in excess of \$50,000 at any given time and a few as high as \$250,000. For solo or small group practices that represents a significant amount of revenue towards payroll and operational expenses. Calls and emails to Anthem were met with "it's how you bill" or "you used the wrong codes." We thought we were alone and perhaps it was our coding for only this insurer, but we have come to realize it is not.

Last fall we began seeing reports of mental health providers who were suddenly not listed as being in Anthem's participating network – all because Anthem implemented a new provider enrollment system that failed. These failures were not communicated to providers effectively nor was there any significant effort by Anthem to advise providers. They simply were no longer "in -network" meaning no authorized visits and/or no payment for counselling services provided.

Soon after seeing this on the news, we reached out to other medical associations and found that this was not a chiropractic or mental health provider issue, but rather a larger issue by Anthem of unpaid claims. That led to a formal complaint and meeting with the Bureau of Insurance by chiropractic, physical therapy, osteopathic, podiatry, optometry, mental health and other providers requesting action. The result of that meeting was the Bureau has initiated a market conduct examination of Anthem that we hope leads to a positive outcome for

healthcare providers and consumers throughout the state. My understanding is any outcome of that examination will not be known for several more months

At a national level, CMS each year offers carrier guidance on claims payments called the CCI (Correct Coding Initiative) Edits which are provided to Medicaid, Medicare, and commercial carriers across the country. The majority of carriers use these edits to ensure claims paid appropriately based on current knowledge. However, a few carriers, including Anthem appear to have created their own coding edits which frustrate providers and do not line up with commonly held claims processing systems.

Just yesterday I was made aware of a new issue. Anthem is now routinely denying claims if a patient fails to submit coordination of benefit questionnaires, and medical claims are either denied or monies taken back if previously paid under the generic “information we have available” yet no one at Anthem can tell the provider exactly what that is. COB is important to maintain, but a widespread misuse of the purpose seems misguided.

If after hearing all the testimony today you are still unsure who is at fault – Maine Med or Anthem, ask yourself two more question – first if this truly is a coding or billing issue, why have healthcare providers not had issues with any other carrier? Secondly, if this is truly a unique situation, why have the states of Georgia and California both levelled significant fines against Anthem in recent years for similar issues, problems where Anthems previous answers were quite similar to what we hear today in Maine from Anthem?

I thank you again for allowing my testimony and look forward to answering any questions you may have.

Respectfully Submitted

Robert Reed, Executive Director

Maine Chiropractic Association

Testimony before the Health Care, Insurance and Financial Services
Committee of the Maine Legislature
by Philip Caper, M.D.

Thursday, April 28, 2022

Good morning chairs Sanborne and Tepler, and members of the Committee. I am Doctor Philip Caper, and live in Brooklin, Maine. I am an internist, and have been an outspoken advocate of reforming our broken health care system, and replacing it with a publicly funded, universal system as is the norm in all other wealthy democracies throughout the world. I believe a so-called single payer system is the fairest, most efficient and effective way to achieve that goal.

I was not born a single payer advocate. But I have repeatedly returned to single payer as the best solution to the many problems of our health care system throughout my over 50 year long career as a college and medical student, resident and fellow in medical training. During my career, I have served as a student and teacher at some of the country's most prestigious universities, a clinician and researcher at some of our country's best medical centers, a public healthcare policy-maker at the highest levels of the US government.

I have also been an entrepreneur and was the founder, chairman and CEO of a health care software and data company that was recognized by the Wall Street Journal in their 1992 centennial edition as one on the 100 most innovative companies in the world.

I have lived in Maine for twenty years, and I am also a founding Board member of Maine AllCare, a non-profit group that advocates for a non-profit universal system of health care financing for the state of Maine.

Last year, after ten years of service on the MAC Board, I was termed out, and am speaking today as an individual Mainer.

The healthcare system in Maine, and throughout the US, are by far the most expensive of any in the world. Yet, health care costs continue to rise, almost a third of Mainers and other Americans remain either un-insured or

under-insured. Medical costs are a leading cause of bankruptcy in America - a situation that is not tolerated and for the most part is non-existent in other wealthy countries. Despite this, the results of our system are mediocre at best by most measurements. The US is the only wealthy country in the world where the life-expectancy is actually decreasing.

You've heard all of this before. Yet our health care system continues to deteriorate. What you may not know is that the healthcare system in the United States (including Maine) is the the only one in the world that relies as heavily on a for-profit, market and employment-based system of private insurance for financing, implemented by national or international for-profit investor owned publicly or private equity financed companies.¹ That is the most internationally distinguishing characteristic of our health care system. Such companies have one over-riding mission - to create wealth for their owners. It is time to declare that experiment a failure.

In fact, the profit-seeking ethic of these companies has become so widespread throughout the health care system that it has infected even nominally non-profit- companies such as Maine Medical Center and Maine General Hospital in Augusta. Several years ago, Maine General Hospital (nominally a non-profit hospital) shut down their diabetes clinic because — it was not profitable.

During my over 50 year career in health care, I have watched the transition of the system from one almost completely dominated by non-profit insurance companies, such as Blue Cross/Blue Shield of Maine (before its acquisition by Anthem), and non-profit community based hospitals (such as Maine Medical Center), granted tax-exemption in exchange for community service.

The dispute between Anthem Insurance Company and Maine Health that has generated this hearing is the inevitable result of profit- seeking behavior between these two Goliath-like entities. Our for-profit health care system, based on the theology of the marketplace, importance of “consumer” choice and the supremacy of shareholder (or stakeholder)

¹ The reason I specify publicly traded and private equity financed companies is because while maximum greed is optional in a sole proprietorships or privately held company, it is mandatory in companies owned by outside investors - and at the top line of the job description of their CEOs.

value. (A similar dispute happened a decade or so ago between the Tufts Health Plan and the Massachusetts General Hospital in Massachusetts. It was eventually resolved mostly in favor of MGH, after they ran a successful campaign of fear aimed at patients enrolled in the Tufts plan who were threatened of being unable to use MGH in the future.)

These conflicts of interest are inevitable in a healthcare system based on business ethics, market principles, and competition among health care providers and insurance companies. From the point of view of investors in the health care industry, healthcare is a great business opportunity - a belief validated by the high return on their investments since enactment of the Affordable Care Act. Absent major intervention by government, those returns will remain high into the future, and the consequences of those high returns - high costs to the purchasers of such services (all of us), high gaps in coverage and poor to mediocre results) will continue.

That is so for one over-riding reason - the “consumers” (aka “patients”) have no power!

Economists George Akerlof, Michael Spence and Joseph Stiglitz won the Nobel Prize in Economics in 2001 for their analyses of markets with asymmetric information. In their study of the market for used cars (Selling Lemons), they demonstrated that in markets where the sellers have much more information than the buyers, quality suffers and those markets eventually become corrupt.

I can think of no markets with a greater asymmetry of information than health care. It is almost impossible for a “consumer” to predict the cost, quality or appropriateness of the health care they receive.

In order to work well (or even to work at all), markets must satisfy three basic requirements. “Consumers” (aka patients) must be able to afford the product (healthcare products and services in this case), be able to make a free non-coerced choice of what and whether to buy the product and accurate information about both the quality and price of the product. In healthcare, none of these three requirements are is fully met.

For these reasons alone, no other wealthy country in the world has tried to implement a market-based system of health care such as the one created by the Affordable Care Act, much less one carried out implemented by corporate entities focused on return-on investment, as in Maine and the rest of the US. In fact, the American healthcare system is the object of ridicule and an example of how not to run a healthcare system throughout the developed world.

It is as if one were to build a house built on an unstable foundation that is constantly shifting. As cracks appear in the walls, leaks appear in the roof, and leaks appear in the plumbing and short circuits appear in the electrical circuits, attempts to fix the problem by patching the walls, patching the leaks in the roof and patchwork fixes are attempted to repair the plumbing and electrical system problems, they inevitably re-appear - until the shifting foundation is stabilized. These patchwork fixes only succeed in kicking the can down the road.

That is a good analogy for attempts to fix our broken health care system without eliminating its for-profit market-based foundation. We must replace it with a system that is based on sound health planning and cooperation instead of competition among health care “providers” such as hospitals and doctors.

In today’s system, even the most well intended doctors, nurses and other health care workers are constantly swimming against the tide. Such workers have increasingly become cogs in a corporate machine that is always pressuring them to put institutional profits, not patients, first. It is the moral injury produced by this conflict that accounts for the widespread dis-satisfaction and eventual burn-out of health care workers. It is not just the paperwork.

The problems of our healthcare system are overwhelmingly political. They are not due to a shortage of money or even of real resources such as doctors, nurses, (and other health care workers), facilities and equipment - although there is plenty misallocation of those resources. The barriers to change are to be found in mis-placed ideology (the theology of the marketplace and of competitive marketplace incentives) and a lack of political will to get the job done.

Who are the villains in this story, and who is to blame for our inability to fix it. Every other wealthy country in the world has succeeded in having a much more well functioning healthcare system than ours, using differing paths to do so.

It's a little like putting the fox in charge of the chicken coop, and then blaming the fox when the chickens begin disappearing. This is not a failure of the profit-seeking companies we have put in charge of the healthcare system. For-profit companies play a role in many other countries. It is not capitalism per-se that is the problem. It is capitalism-run-amok that is the problem. It is the American predilection for unfettered capitalism and unregulated markets that are the problem. It is the American knee jerk predilection for deregulation and low taxes, no matter how much good they do that is the problem.

The problem is a corrupt and ineffective public policy, encouraged by our insistence that we consider corporations to be people, and consider money to be the equivalent of speech. Most of this corruption is perfectly legal - although there is plenty of waste, fraud and abuse that is not so legal in our healthcare system). (Read "License to Steal" by Malcolm Sparrow.)

It is also result of a political system that is more responsive to political contributions than it is to the public's preferences, to the dominance of corporate contributions in the funding of political campaigns, and to a public that continues to vote for office-holders that don't carry out their campaign promises.

If we are ever to dig ourselves out of the deep hole we have dug by coupling market theology with free reign for profit-seeking corporations throughout the system, and could replace health care as a profitable commodity with health care as a public good as have most of the world's wealthy democracies, there will be only one more question.

"Why did it take us so long"?



April 27, 2022

Senator Sanborn
Representative Tepler
Committee on Health Coverage, Insurance and Financial Services
State House
Augusta ME 04332

Re: Briefings about the potential impact on consumers, the state employee health plan and Maine's health insurance market if Maine Medical Center terminates its provider contract with Anthem starting in January 2023.

Dear Senator Sanborn and Representative Tepler:

The Maine Psychological Association (MePA) is a membership organization representing psychologists in Maine who work in private practice, at Maine's colleges and universities, and in the public sector. Our mission is to advance psychology as a science, as a profession, and as a means of promoting health and human welfare.

Over the past year, MePA has sent several letters to Anthem with general concerns about unpaid claims experienced by our members, and also sent copies to Gov. Mills, Comm. Anne Head at the Dept. of Professional and Financial Regulation, and Supt. Eric Cioppa at the Bureau of Insurance, outlining concerns with Anthem BCBS Mental Health Provider Coverage. In addition, our Finance Committee met with Anthem Behavioral Health Provider Experience executives and representatives on January 18, 2022.

While a small number of members have reported improved claims processing, many continue to experience ongoing reimbursement issues. On behalf of psychologists in Maine, MePA is providing information to the committee about the **current status of unpaid claims and changes in service delivery**. In preparation for this briefing, we surveyed licensed psychologists in Maine who accept Anthem Insurance, and received 59 responses with the following results:

- 22 psychologists have 11-50 outstanding claims, 5 have 51-100 outstanding claims, 2 have over 100 outstanding claims, and 27 have 10 or fewer.
- 9 have left Anthem network, 24 are considering leaving, 20 are staying, 6 Other (retiring, may leave for additional reasons, etc.)

- 15 are leaving network and asking patients to pay out-of-pocket, 7 are leaving and referring them to another provider, and 34 N/A
- 16 have waiting list of 2-3 months, 15 have a 4-6 month wait, 7 have a 7-12 month wait, 7 have over a 12 month wait, and 13 have a 1 month or less wait time
- Biggest concerns ranked by order: 1 claims processing, 2 reimbursement rate, 3 customer service, 4 claw backs, and 5 other

In summary, half of the sampling: a) is still experiencing significant unpaid claims (11-100), b) have left or are considering leaving, and c) have waiting lists of 2-6 months. The 40% who have left or are leaving Anthem are mostly asking clients to pay out of pocket with some referrals to another provider.

These results are provided as a small sample of the over 700 licensed psychologists practicing in Maine today. At a time when there is a shortage of psychological care, with waiting lists across the state, access to quality care is at a critical point. In light of the recent announcement of Maine Medical Center (MaineHealth) reimbursement issues with Anthem and the potential impact on consumers, MePA is grateful to the Maine Legislative Health Coverage, Insurance, and Financial Services Committee (HCIFS) for holding today's briefing to address this serious problem with access to care.

Sincerely,



Jamie Pratt, PsyD
President
Maine Psychological Association

McCarthyReid, Colleen

From: Harold Zeligier <hiz@zeliger.com>
Sent: Tuesday, April 26, 2022 4:58 PM
To: McCarthyReid, Colleen
Subject: MMC - Anthem Dispute

This message originates from outside the Maine Legislature.

Dear Ms. McCarthy-Reid,

It's about time someone stood up to an insurance company whose only reason for being is to make money, not provide care. Medical care should not be a money-making enterprise for a company. Let's have fair medical care for all with universal Medicare and put an end to entities like Anthem who prosper by denying needed care. I side with MMC.

Harold I. Zeligier, Ph.D.

McCarthyReid, Colleen

From: willavennema@gmail.com
Sent: Tuesday, April 26, 2022 7:14 PM
To: McCarthyReid, Colleen
Subject: Anthem and MaineHealth

This message originates from outside the Maine Legislature.

Hello Ms. McCarthy,

I am very concerned about the prospect of MaineHealth pulling out of Anthem's in network providers. Maine Medical is my city's hospital, it is where my children were born and my daughter had brain surgery— we could not have just gone to another hospital for these medical needs.

Our state representatives need to ensure that Anthem and MaineHealth work out their problems so the people of Maine do not suffer the consequences.

Thank you for allowing me to contribute my thoughts.

Willa Vennema

Willa Vennema
40 Garrison Street
Portland Maine
04102
willavennema@gmail.com
207-553-0572

McCarthyReid, Colleen

From: Richard Merrick <dickandtonim@gmail.com>
Sent: Tuesday, April 26, 2022 8:00 PM
To: McCarthyReid, Colleen
Subject: Anthem/MMC

This message originates from outside the Maine Legislature.

Good morning

Not coming to agreement is NOT an option. They need to stay at the table until they figure it out. Seems like they are each trying to hold the other hostage, and many Mainers will pay for their shenanigans. Both of those entities have way too much power which is not concerned with health, only the bottom line.

Toni Merrick

Sent from my iPad

McCarthyReid, Colleen

From: Lydia Mott <lydiapmott@gmail.com>
Sent: Wednesday, April 27, 2022 6:45 AM
To: McCarthyReid, Colleen
Subject: Blue Cross Blue Shield issue

This message originates from outside the Maine Legislature.

I have Blue Cross/ Blue Shield of Florida - a NOT for profit company which, since my plan was portable, I kept, when I relocated. But no provider will bill BC/BS of Florida they bill Anthem inspite of my informing them it's not my insurance company. So apparently now I get screwed because of Anthem as if I had them as my insurance. Apparently because Anthem requires providers to go through them. This is not fair!!!

Lydia Mott
lydiapmott@gmail.com
Damariscotta, ME
Sent from my iPhone

McCarthyReid, Colleen

From: Marianne Butak <mkkam2@gmail.com>
Sent: Wednesday, April 27, 2022 8:14 AM
To: McCarthyReid, Colleen
Subject: MMC-Anthem Dispute

This message originates from outside the Maine Legislature.

Ms. McCarthy,

As a Medicare member, and the wife of a man who would certainly have died in front of me, had he not been rushed to MMC, I find that this dispute is despicable, putting profit for some above the health concerns of so many Mainers. The for-profit health system is in itself, flawed, and is too large an issue to touch upon here, but its direct result - in this type of threat to the care of many the hospital is there to serve, cannot be tolerated.

Why is profit making and maximizing the return for stockholders allowed to impact the health care of our neighbors? Can we take some of the impact of the fact that health care is treated more like a business opportunity than a human right out of this equation to some small degree? This is a chance to do that.

Please do what is necessary to continue access to health care for those who have little choice and have accepted to be "covered" by Anthem insurance, and must get their care at MMC.

Sincerely,
Marianne Butak
Wayne, Maine

McCarthyReid, Colleen

From: Dan Faraone <danfaraone@gmail.com>
Sent: Wednesday, April 27, 2022 8:20 AM
To: McCarthyReid, Colleen
Subject: Maine Medical Center-Anthem dispute

This message originates from outside the Maine Legislature.

Hasn't life become hard enough for hard working underpaid Maine Families?

PROFIT DRIVEN CORPORATE HEALTH CARE WILL SOON HAVE THE POWER OVER FAMILIES TO BE FORCED TO CHOOSE BETWEEN FOOD OR MEDICINE.

PLEASE STOP THE GREED AND INSANITY!

Thank you for trying.

Daniel Faraone
Helen Zegel

20 Pierce St.
Belfast, Me

207) 218-1304

McCarthyReid, Colleen

From: freedompt@aol.com
Sent: Wednesday, April 27, 2022 9:28 AM
To: McCarthyReid, Colleen

This message originates from outside the Maine Legislature.

Hello!

I am writing as a health care provider (physical therapy), cancer survivor, and a long term Lyme disease patient. We desperately need health care reform that allows patients and providers to work together on solutions that work; rather than health care procedures being dictated by the insurance companies and the pharmaceutical companies. Lyme disease is a particular tipping point as Maine has one of the highest rates of vector borne illness in the country. There are many alternative solutions that work that do not benefit the pharmaceutical companies, and insurance has been slow to explore these. The Maine people deserve better!

Wendy Allard, ME PT #708

Testimony Before the Healthcare Coverage, Insurance and Financial Services
Committee
April 28, 2022

Karen Foster
Portland, Maine

I am providing this testimony as chair of the board of Maine AllCare, a non-profit organization that since 2010 has advocated for universal, high quality, publicly funded health care for all Maine people.

Our supporters have testified before this committee and its predecessors many times, and you have heard the case in favor of a single payer health care system before. Those arguments remain relevant.

Today's hearing, prompted by the public dispute between two large players in Maine's health insurance and delivery system, points to a dire need for financing reforms and oversight.

There is widespread agreement that health care costs are out of control, and the issue that brings us here is a stunning example of why market forces can't do the job. Instead, every player is motivated to develop exclusive networks for market domination, not to make life easier for patients and customers. Hospitals shift prices so that Peter pays for Paul. The time, effort and money involved in playing these games costs us all millions.

An effective universal health care system would have a unified payment mechanism (often referred to as single payer) to control costs and, like Medicare, to pay bills promptly and fairly. Were that in effect, we would not be here today.

There may be a solution. At the end of the 130th Legislature, this committee voted in favor of, and the full legislature passed, LD1045, the Maine Health Care Act (PL391). What started out as a detailed and fulsome plan for universal health care was amended to a simple three-page bill that would direct a Maine Health Care Board to write a plan for universal health care for all Maine residents.

The Maine Health Care Act cannot take effect unless federal law is enacted that authorizes a state to obtain a waiver to establish a state-based universal health care plan and to receive federal financing for that plan. Using Section 1332 waivers in the Affordable Care Act, this may be achievable and is under consideration.

We've got to start somewhere. Patients, individually, are powerless against the likes of Anthem and MaineHealth. Unless and until the legislature decides to take serious action to put a universal plan in place, we can expect more of the same. There are no innocents in this mess except us citizens.

McCarthyReid, Colleen

From: Amanda Langley <amanda@maineinitiatives.org>
Sent: Wednesday, April 27, 2022 12:05 PM
To: McCarthyReid, Colleen
Subject: Testimony on MMC-Anthem dispute

This message originates from outside the Maine Legislature.

Hi there,

I wanted to submit commentary on the MMC-Anthem dispute.

As someone insured by Anthem, living in greater Portland, and a public health professional, I am deeply concerned about the effect of the MMC-Anthem dispute on the health of our community members. Restricting access to the largest healthcare provider in the community, which provides a range of services from primary care to surgical intervention, has an immensely negative impact on access to healthcare services. For many insured by Anthem, this is an employer choice, not individual choice, and Maine Medical is the only provider they have access to. Asking these patients to seek care elsewhere will frankly be impossible for some. Many other primary care offices are not taking new patients. Certain medical procedures are only offered at one place in the state-Maine Medical. MMC is also one of the largest providers of prenatal and maternity care, putting the mothers and babies in our community at risk without this access. The range of services that will now be out of reach to Anthem patients because of this dispute will undoubtedly exacerbate health conditions, result in other health issues being undetected, and put us patients at risk. I implore these two parties to work together, or our legislature to step in, as not addressing this will have disastrous health consequences.

Thank you for your time.

-Amanda Langley, South Portland

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Amanda Langley
Director of the MaineShare Program
Maine Initiatives

amanda@maineinitiatives.org
207-622-0105
56 North Street, Suite 100
Portland, ME 04101
pronouns: she/her/hers



Maine Initiatives

McCarthyReid, Colleen

From: cathyd@maine.rr.com
Sent: Wednesday, April 27, 2022 12:50 PM
To: McCarthyReid, Colleen
Subject: MMC-Anthem dispute hearing

This message originates from outside the Maine Legislature.

Greetings,

I would like to submit my comments regarding the above dispute.

My family has had Anthem health insurance for years. I am a state retiree, so Anthem is my insurance. We have used MMC for surgeries, hospitalizations, and emergency visits, as that is our local hospital, and where our doctors practice.

If MMC becomes an out-of-network provider, we will be unable to pay the out-of-network costs, which means not only using another hospital, but also changing all our physicians to ones who practice at the other hospital. This means losing a healthcare team we've had for over 25 years.

When a family member is hospitalized, the presence of family and/or friends is essential to recovery by providing support to the patient. If the hospital is at a distance, this becomes impossible, therefore impacting the patient's recovery and cutting off that essential emotional support. For seniors and those without transportation, this vital emotional support of family being present will be impossible.

One personal example is when a family member was extremely ill at MMC, undiagnosed, and not knowing who they were, I was able to be there navigating his care and supporting him emotionally. I was there 8-12 hours a day; that would have been impossible if he was not at a local hospital, or in a facility where his healthcare team practiced.

Removing MMC from Anthem in-network will affect thousands - financially, medically, and emotionally. This is another example of a broken healthcare system.

This is not compassionate healthcare when profits, not patients, are all that matters.

Sincerely,
Cathleen Dillon-McHugh
70 Maple Drive
Gorham, ME 04038
207-222-0568

McCarthyReid, Colleen

From: Steve Turner <squidbeak.492@gmail.com>
Sent: Wednesday, April 27, 2022 1:55 PM
To: McCarthyReid, Colleen
Subject: Maine State Healthcare Proposal

This message originates from outside the Maine Legislature.

Ladies and gentlemen of the Health Care, Insurance, and Financial Services Committee:

Unelected and unelectable corporate healthcare dictators -- CEO's of too-big-to-fail pharmaceutical corporations, executives of too-big-to-fail health insurance corporations, hospital system administrators, corporate healthcare lobbyists, and the like -- have had a hundred years to create an American healthcare system. Instead, they've created an American *income redistribution system*. All they've done and all they'll ever do is to follow the inexorable logic and ultimate goal of a for-profit healthcare system, which is to *maximize profits*. This American for-profit income redistribution system, masquerading as an American "healthcare" system, has proven to be immoral, unworkable, unsustainable, and beyond saving.

It's exactly our American for-profit healthcare medical-industrial complex that has set the stage for this dispute between the Maine Medical Center and Anthem Insurance Corp. Now we have a medical emergency. Yet we live not a hundred miles from a country -- half a continent -- in which a medical emergency like ours would be impossible. This country enjoys universal healthcare: -- everybody in, nobody out, nobody goes bankrupt due to catastrophic illness or injury, nobody loses their home. According to the World Health Organization, this country enjoys better healthcare than we Americans do, for half the cost. This country is called Canada. Canada is one of 56 other nations which, unlike the United States, enjoys universal healthcare.

Healthcare is a human right. Healthcare should be on the same footing as police departments, fire departments, roads, bridges, dams, schools, libraries. Healthcare is an essential human good. It should be put far beyond the reach and the corrupting influence of corporate for-profit motives. You see what happens when we allow our healthcare to be controlled by unelected and unelectable corporate dictators.

My proposal:

1. Pass legislation creating single-payer, single-provider, Maine-state-run universal healthcare for Maine's citizens, on the current British model. There's absolutely no excuse for not doing it. The British have already done it. Universal healthcare, and better healthcare, for half the cost.
2. With the money saved from this administratively streamlined, more efficient healthcare system, create, fund, staff, and equip a job training/job placement program for all the healthcare workers (administrative personnel and others) displaced by this new universal healthcare system. Give them **useful** work to do. Example: Maine's infrastructure needs repairing and modernizing, right? Well, here are the infrastructure jobs that need doing, and there are the displaced employees needing new jobs. Bring them together. Simple. Other careers, doing **useful** work, might also suit.
3. Since corporate interests have infiltrated and thoroughly corrupted what is left of Maine's "democratic" government, it might be necessary to grant somebody in Augusta -- anybody -- **temporary** emergency powers. Ram it through. Never mind the naysayers -- "Socialism!" -- "Politically impossible!" -- "Economically disruptive!" -- "Unconstitutional!" Just get it done. Corporate healthcare interests never troubled themselves about the Maine Constitution, except to study it so they could subvert it. Now our Maine Constitution is hopelessly inadequate to the times. That's right. You heard me. It

hasn't kept up. It's child's play now for corporate interests to subvert it, outmaneuver it, and get exactly what they want out of it. Everybody knows it.

"Our Constitution must go hand in hand with (the times), else we may as well require a man to wear the coat that fitted him as a boy."-- Thomas Jefferson

Wait a minute. Wasn't he one of the framers of the U.S. Constitution? Yes, I believe he was.

So get it done. Ram it through. Somehow, anyhow. Confront everybody with a **DONE DEAL**. *The job of any government is to govern. **This is an emergency.*** Do you not see the carnage? Please do your job. **Get it done.**

Ladies and gentlemen of the Maine Health Care, Insurance, and Financial Services Committee,

Thank you for your public service.

Steve Turner
Maine citizen, voter, and taxpayer
27 North Main Street
Mechanic Falls, Maine 04256
Cell phone 207-312-7923