Testimony of Maine Public Health Association In Support of:
LD 199: An Act to Improve the Health of Maine Residents by Removing Exclusions to the MaineCare Program

Joint Standing Committee on Health and Human Services
Room 209, Cross State Office Building
Tuesday, March 28, 2023

Dear Senator Baldacci, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

This bill would provide MaineCare coverage for noncitizen residents of Maine who are 21 years of age or older with qualifying low incomes who are ineligible for coverage under the federal Medicaid program due to their immigration status.

The provisions in this bill align with Healthy People 2030, an initiative of the U.S. Department of Health and Human Services, which sets data-driven, national objectives to improve health and well-being over the next decade. One of the 2030 goals is to improve health by increasing medical, dental, and prescription drug insurance coverage. According to Healthy People 2030, people without insurance are less likely to get the health care services and medications they need and more likely to have poor health outcomes. Racial and ethnic minorities, people with less education, and people with low incomes are more likely to be uninsured. Strategies to increase insurance coverage rates are critical for ensuring more people get the health care services and medications they need.

Every year, more than 100,000 additional lives could be saved if more people received recommended preventive care,[1] with lack of health insurance being a leading contributing factor to not receiving such care. In fact, preventive health services – such as cancer screenings, tobacco cessation interventions, and vaccinations – can help prevent 9 of the top 10 leading causes of death.[2] Additionally, according to the Commonwealth Fund, our current system of publicly supported coverage options for pregnant and postpartum women is a complex patchwork that varies tremendously by income, immigration status, and state, leaving many new mothers uninsured. The United States is experiencing a maternal morbidity and mortality crisis. Each year, an estimated

700 women[a] in the United States die from pregnancy-related causes, and many more experience severe maternal morbidity.[3] Moreover, there are wide racial and ethnic disparities in maternal outcomes, with Black and American Indian/Alaska Native women experiencing much higher rates of pregnancy-related mortality and morbidity than other groups.[4] Expansion of coverage will promote continuity and access to care.

Indeed, there is a consistent, positive relationship between health insurance coverage and health-related outcomes across a body of studies that use a variety of data sources and different analytic approaches. The best evidence suggests that health insurance is associated with more appropriate use of health care services and better health outcomes for adults.[5]

Immigrants are leaders in our communities, schools, workplaces, and governments, helping to build a brighter future for all of us. In 2016, immigrants contributed $62 million in state and local taxes, and on average, immigrants who come to Maine are more likely to have advanced education and start businesses in Maine, creating or helping to retain thousands of jobs. They also work in farming, custodial services, construction, and other physically demanding, lower paying, yet essential positions. Expanding health coverage to these populations improves health outcomes for already vulnerable populations, reduces health disparities, and contributes to a stronger, more robust economy. These provisions have become even more important during the COVID-19 pandemic, which has laid bare the inequities facing minority populations. Racial and ethnic minorities experience a greater disease burden, including being more likely to have a chronic health condition, not have health insurance, and work in professions that increase their risk of contracting the virus.

MPHA supports legislation that improves health equity and reduces health disparities among underserved populations. This bill will increase the number of people with health coverage by improving an insurance system that can perpetuate disparities through restrictions; but which also has capacity and potential to improve health outcomes through expansion. This bill improves public health, and we are in strong support. We respectfully request you to vote LD 199 "Ought to Pass." Thank you for your consideration.

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[1]National Commission on Prevention Priorities. Preventive care: A national profile on use, disparities, and health benefits. 2007.
[2]Fox JB, Shaw FE. Clinical preventive services coverage and the Affordable Care Act. *Am J Public Health*. 2015;105(1):e7-e10.
[3]U.S. Centers for Disease Control and Prevention. Severe Maternal Morbidity in the United States, updated Jan. 31, 2020; U.S. Centers for Disease Control and Prevention. "Pregnancy Mortality Surveillance System," updated Nov. 25, 2020; and Callaghan WM, Creanga AA, and Kuklina EV, "Severe Maternal Morbidity Among Delivery and Postpartum Hospitalizations in the United States," *Obstetrics and Gynecology* 120(5) (Nov. 2012): 1029–36; MacDorman MF, et al., "Is the United States Maternal Mortality Rate Increasing? Disentangling Trends from Measurement Issues," *Obstetrics and Gynecology* 128(3) (Sept. 2016): 447–55; and Petersen EE, et al., "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017," *Morbidity and Mortality Weekly Report* 68(18) (May 10, 2019): 423–29.
[4]Creanga AA, et al., "Racial and Ethnic Disparities in Severe Maternal Morbidity: A Multistate Analysis, 2008–2010," *American Journal of Obstetrics and Gynecology* 210(5) (May 2014): 435 e1–e8; and Petersen EE, et al., "Vital Signs," 2019.
[5]Institute of Medicine (US) Committee on the Consequences of Uninsurance. Care without coverage: Too little, too late. Washington (DC): National Academies Press (US); 2002. 3, Effects of Health Insurance on Health.

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[a]*The Commonwealth Fund uses "women" and "mothers" to describe people who are pregnant or recently gave birth. The Fund uses these terms to align with the language in the Social Security Act, which defines Medicaid eligibility for pregnant and postpartum women. However, The Fund acknowledges that not all people who become pregnant or give birth identify as women.*