

Testimony from Tobin Williamson of the Maine Immigrants' Rights Coalition regarding:
LD 1955: An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance for Medical Care

Sponsored By: Speaker Rachel Talbot Ross of Portland
Public Hearing: January 17, 2024 at 10:00am

Dear Members of the Committee on Health & Human Services:

My name is Tobin Williamson and I am the Manager of Advocacy & Policy with the Maine Immigrants' Rights Coalition (MIRC), a network of around 100 member organizations working to enhance the lives of Maine's immigrant communities across the state. MIRC works to advance systemic changes in Maine through collaborative advocacy to ensure that voices and perspectives of the state's large, diverse, and growing immigrant communities are heard at the State House in Augusta, in the Halls of Congress in D.C., and in municipalities throughout Maine.

I am a history nerd, so I would like to start with [a little history lesson](#) from the Health Resources & Services Administration agency of the U.S. Department of Health & Human Services: "In 1946, Congress passed a law [the Hill-Burton Act] that gave hospitals, nursing homes, and other health facilities grants and loans for construction and modernization. In return, they agreed to provide a reasonable volume of services to people unable to pay and to make their services available to all persons residing in the facility's area." That legacy continues to this day and is at the heart of this legislation.

According to National Academy for State Health Policy data provided by [Consumers for Affordable Healthcare](#), "a Maine-based nonprofit dedicated to improving access to affordable, quality, and equitable health care for all people living in Maine," most eligible hospitals in Maine provide less free care now than they did five years ago. We believe this legislation would help address this challenge.

At MIRC, we know our state's immigrant communities are disproportionately impacted by healthcare access disparities, whether due to [lack of MaineCare eligibility](#), [language access issues](#), [cultural competency miscommunications](#), or [discrimination](#). For an anecdotal example, many new arrivals who need just routine preventative care for things like high blood pressure or joint pain end up going to the hospital because they are not eligible for MaineCare access for primary care. For them, free care is a lifesaver, sometimes quite literally.

LD 1955 is a bill we support for many reasons. It increases the federal poverty level eligibility for free care from 150% (required by Maine state law since 1995) up to 200%, which is a standard many hospitals already use. It improves accessibility by increased publicity of free care programs and reducing burdensome application questions. It gives both patients and hospitals more time to determine eligibility for free care programs by extending the timeline for collections actions, as well as offering payment plans for patients who do have to pay. Finally, it requires hospitals to comply with pre-existing federal pricing transparency requirements.

Because it would go such a long way in addressing the [medical debt crisis in our state](#) (for example, "one in three Mainers skipped or delayed going to a doctor when they were sick because of cost concerns"), we strongly encourage you to pass LD 1955. Thank you for your consideration of this important matter.

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