



**Maine Medical  
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION  
AND  
THE MAINE OSTEOPATHIC ASSOCIATION**

**In Opposition To**

**LD 18 An Act to Support Reentry and Reintegration into the Community**

Joint Standing Committee on Criminal Justice and Public Safety  
Room 436, State House, Augusta, Maine  
Saturday, February 7, 2025

Senator Beebe-Center, Representative Hasenfus, and Members of the Criminal Justice and Public Safety Committee. My name is Lani Graham. I am a former Chief Public Health Officer for Maine. I am writing on behalf of the Maine Medical Association (MMA) and Maine Osteopathic Association (MOA) to testify against LD 18, An Act to Support Reentry and Reintegration into the Community.

The Maine Medical Association (MMA) is a professional organization representing over 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services to ensure the availability of quality osteopathic health care to the people of this State.

The MMA and MOA's legislative committees have joined to advocate with one voice. We have all determined we should testify in opposition to LD 18.

We are opposed to LD 18 because of its potential impact on people in the care of the Maine Department of Corrections and the medical community. While this bill may have been well-intentioned in terms of offering pay for services provided by residents and offsetting the deficit, it is a classic case of unintended consequences that can be expected to have long-term adverse impacts. This bill does the reverse of what its title implies.

While we have very limited information about how incarcerated people react to co-pays, we have plenty of information that low-income Americans delay or skip care due to cost.<sup>1</sup> It is reasonable to assume that a five-fold increase in co-pay would adversely impact the attitude of the incarcerated toward obtaining health services. These individuals often have very little money, so lack of money will likely motivate their behavior even more than it does low-income people in our communities.

The exceptions provided in the bill do not address these consequences. This is about preventing mild problems from becoming deadly, costly ones. A simple problem, such as seeing blood in the stool, which an uninformed person could attribute to hemorrhoids, might cause that person to decide not to ask for care when they need to pay for something else. Meanwhile, being ignored, this “simple” problem becomes a very expensive and painful problem, stage 4 colon cancer. There are dozens of other examples of apparently simple problems being ignored by healthy people and worsening. The more barriers there are to health care, the more likely people are not getting the care they need.

A further and related problem is that the majority of these incarcerated people return to Maine communities for health care, which often means using Medicaid or Medicare. This means that Maine physicians are likely to see incarcerated people emerging from incarceration even sicker than they are now. This is a burden on physicians, hospitals, and medical offices. Also, Maine taxpayers will shoulder the financial burden of Medicaid for those under the care.

While the \$5.00 co-pay may be in place to support patient care and discourage nuisance complaints, it is likely already too high for this population. I am personally aware of a man who put off the care of simple complaints due to that fee and ended up with terminal cancer. He is deceased now, but not before; great costs were incurred by the man, his family, and the Department.

We urge you to vote ought not to pass on LD 18. Thank you for your attention.

Lani Graham, MD, MPH

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<sup>1</sup>[https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/#:~:text=The%20cost%20of%20care%20can,21%25\).](https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/#:~:text=The%20cost%20of%20care%20can,21%25).)