



May 12, 2025

Maine Health and Human Services Committee
Cross Building-Room 209
Augusta, ME 04333

Dear Maine Health and Human Services Committee Members,

The Leukemia & Lymphoma Society (LLS) is pleased to submit the following testimony to the Health and Human Services Committee **in favor of LD 1937**, An act to require hospitals and hospital-affiliated providers to provide financial assistance for medical care and respectfully ask that the **committee vote ought to pass as you did last year.**

At LLS, our mission is to cure blood cancers and improve the quality of life of patients and their families. LLS exists to find cures, ensure treatment access, and improve survivorship for blood cancer patients. LLS is working individually and with other patient advocacy groups on medical debt legislation in Maine, regionally and nationwide. LLS released a poll last year that over 90% of U.S. adults agree that elected officials should pass policies that protect people with serious illnesses like cancer from medical debt and harassment from collection agencies.

Nearly half of cancer patients and survivors surveyed (47%) have had medical debt related to their cancer, and the plurality of those (49%) have carried over \$5,000 in medical debt. Sixty-nine percent have carried this debt for more than a year and over a third (35%) have had medical debt related to their cancer for more than three years.

Nearly all (98%) were insured when the debt was incurred, most commonly by a high-deductible health plan without a health savings account (34%).

The health implications are significant: those with cancer-related medical debt are three times more likely to be behind on recommended cancer screenings (18% vs 5%), 27% of those with cancer-related medical debt have gone without adequate food, and 25% have skipped or delayed care.

The financial consequences of cancer-related medical debt can also be significant: nearly half (49%) saw their credit scores decrease, and 30% had difficulty qualifying for loans.

The impacts of cancer-related medical debt are not felt equally and further deepen disparities. Black and Hispanic patients and survivors with medical debt are about twice as likely as White respondents to report being denied care due to their debt (13% and 14%, respectively). Black respondents are also more likely to report being contacted by collections agencies (66%) and to feel harassed by them (44%).



LD 1937 takes many great strides to do that.

- LD 1937 Increases the income eligibility level for Free Care in Maine from 150% to 200% FPL (\$31,300 annual income for an individual or \$53,300 income for a family of three).
- Reduces barriers to accessing free care by improving how hospitals promote the availability of financial assistance and simplifying the application process, by prohibiting burdensome and unnecessary notarization requirements, prohibiting hospitals from asking for unnecessary information on applications, such as assets or information about types of income that are not counted for purposes of eligibility; and requiring hospitals to provide an online option to apply for free care.
- Requires hospitals to offer reasonable payment plans (no more than 3% of income) to people with incomes below 400% FPL who are not eligible for Free Care.

We urge the committee to continue to make Maine as a national leader on medical debt policy reform by voting ought to pass on LD 1937.

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