

Statement of Simane Ibrahim, Maine Access Immigrant Network

in Support of: LD 1937, *An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance Programs for Medical Care*

May 12, 2015

Senator Ingwerson, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services. I am Simane Ibrahim, Community Health Worker and Program Assistant with Maine Access Immigrant Network (MAIN), a nonprofit that bridges access to health and social services for immigrants and refugees in Portland, Maine. Our organization works to build a stronger community in Portland, and to address health literacy, health care enrollment, and coordination of health care benefits and non-clinical care. MAIN provides resource and referral information that is culturally and linguistically appropriate in English, Arabic, Lingala, Portuguese, Somali, Swahili, Kurdish, and French to ensure equal access to programs and services for new Mainers from around the world.

Maine supports immigrants in accessing health care coverage and care. Based on those experiences, we are providing testimony in support of LD 1937. As an immigrant-led organization with deep roots connecting us to multiple immigrant communities, we have witnessed over and over the challenges experienced by individuals and families who lack health care coverage. Just like all Mainers, those who are immigrants are focused on creating a home for their families, contributing to their communities through work and volunteering, and engaging in everyday activities like going to school, being part of a faith community, and connecting with friends and neighbors. LD 1937 would help ensure more immigrants are able to access hospital financial assistance, whether they are already eligible and face application or accessibility barriers or whether they are not currently eligible under the 150% Federal Poverty Limit (FPL) as this would raise the income cutoff to 200% of the FPL. This bill would also prohibit hospitals from requesting unnecessary application materials and that the application be notarized, and would require them to make their policies and plain language summaries more accessible, and would create a streamlined application for all financial assistance programs offered by hospitals. Clarifying that notarizing requirements is not required would reduce barriers to the application process given notarization requires being somewhere in person and oftentimes, an appointment. Access to transportation, taking time away from work or other commitments for an appointment, or potential illness, are all barriers to getting documents notarized. People

applying for financial assistance should not have to experience barriers that complicate the process and add unnecessary hoops for people to jump through.

While we appreciate steps our local hospital system has taken to reduce barriers many in our community face, MAIN's community health workers continue to work with people who have experienced extreme difficulties navigating the application process for members of immigrant communities across the state. Again, we appreciate the effort local hospitals have made to improve access, including translating certain materials. LD 1937 is an important step towards ensuring greater accessibility to financial assistance programs and therefore to preventative, equitable care. By reducing application barriers, language barriers, and barriers in accessing accurate information, more Mainers, including immigrants, will be able to enroll in the program – and access the care that they are income-eligible for.

I appreciate you reading through this testimony today and the important work you do on this committee.