



American Cancer Society Cancer Action Network
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<https://www.fightcancer.org/states/maine>

**Testimony of Julia MacDonald, American Cancer Society Cancer Action 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, 2025

Good morning, Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services. My name is Julia MacDonald, and I am testifying on behalf of the American Cancer Society Cancer Action Network (ACS CAN) in support of LD 1937. ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We advocate for evidence-based policies that reduce the cancer burden for everyone.

LD 1937 helps address a fundamental barrier to healthcare for many low-income individuals: the cost. Health care remains unaffordable for too many Mainers due to gaps in coverage and the high cost of care. Hospital charity care programs are required by law but are unevenly implemented and vary widely across the state. LD 1937 is a crucial step toward ensuring that hospital financial assistance is accessible, equitable, and transparent.

Medical debt creates unnecessary hardship for Mainers and can deter individuals from seeking timely cancer screenings and treatments. A statewide survey of Maine voters released in May 2025 revealed troubling statistics about the scope and impact of medical debt in our state. Nearly half of all households have incurred medical debt within the past two years. Two out of three Mainers with medical debt report hospital diagnostics contributed to that debt. About half cite hospital emergency treatment as a contributing factor. Half of those with medical debt say it has harmed their credit rating, and two-thirds of those say it has negatively affected their ability to find jobs or receive loans. Two out of three families report financial impacts from medical bills, including struggling to pay for essentials like food, heat, or housing, with most citing hospital-based care as the source of the impact.¹

Despite their nonprofit status and tax exemptions, many hospitals provide minimal amounts of charity care for eligible residents. For some institutions, net charity care costs account for less than 1% of patient revenue.² At the same time, survey results show that more than half of Mainers incurring medical debt were unaware that they may qualify for charity care under existing state law. LD 1937 would help to bridge that awareness gap,

¹ Maine Health Care Survey, May 2025.

² KFF. "Hospital Charity Care: How It Works and Why It Matters." <https://www.kff.org/health-costs/issue-brief/hospital-charity-care-how-it-works-and-why-it-matters/>



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and prevent more patients who are eligible for financial assistance and charity care from incurring unnecessary medical debt.

Thank you for your time and your continued commitment to improving the health and economic stability of Mainers.