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LD 1269

Same testimony in favor of both LD 1269 and LD 1883.

My first full time job in Maine was in the Executive Branch under Gov. Ken Curtis. Health insurance was automatic and didn't even cross my mind. A few years into my job, while we were in Boston about to fly to visit a cousin, my 8 year old daughter fell and broke her elbow right above the growth plate. This resulted in 14 hours of difficult but successful microsurgery at Mass General, paid for entirely by my state health insurance plan. I never saw a bill.

When I left Maine to work in the private sector, my children and I had private health insurance provided by my employer. I well remember spending a full 16 hours to negotiate a single claim for reimbursement of some minor thing. We were all pretty healthy, but the insurance issues were a recurring and maddening waste of time for years. I can well imagine that someone with a serious condition would have a fulltime job, just convincing private insurers to pay up.

It's been correctly said that private, profit-centered health insurance companies use our premium payments to hire people to deny our claims, adding 20-30% to the cost of our medical system, which is wildly expensive when compared to that of every other developed country. Common claim denial practices of for-profit insurance companies function as exactly the kind of "death panels" imagined by those attempting to scare people away from public health insurance proposals in the past. Even where they do not actually result in patient death, claim denials often result in financial hardship and are a leading cause of individual and family bankruptcy in the US. In the future, the profiteers will probably attempt to rely on AI to do the same claim-denial job with even more hassles for patients and practitioners and less responsiveness to patient needs as determined by health care providers.

All our medical insurance headaches went away when my husband and I were finally old enough to join the ranks of those participating in Medicare. Despite confronting medical challenges that unfortunately accompany old age, Medicare has had us covered without missing a beat.

More recently, a younger relative found it necessary to enroll in MaineCare. Though needing surgery for kidney cancer, paying for his care has been thankfully worry free. MaineCare has been very efficient from a consumer's perspective. I also understand it has been the lifeblood of our rural medical system, which has been important to us since we live in a rural area, as do many of Maine's elderly.

I want you to consider that the time has come for universal, single payer, nonprofit health insurance. The USA should join the rest of the civilized world. Maine can lead the way. I urge you to support both LD 1269 and LD 1883.