

Testimony of Coralie Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United

**In SUPPORT of LD 1883, “An Act to Enact the All Maine Health Act”**

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services  
Hearing: May 14, 2025 at 1:00 p.m.

Dear Chair Bailey, Chair Mathieson, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services,

On behalf of more than 4,000 registered nurses and health care professionals providing direct patient care in our state, **the Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA) urges the Committee to support LD 1883.**

Although we support the bill, we would like to work with the Committee to establish a financing approach based on a progressive taxation structure that would eliminate financial barriers to care, including premiums, deductibles, and copayments.

The All Maine Health Act would create a single payer health care system for the state of Maine that eliminates administrative complexity and uses the savings to provide health care to all. Nurses strongly support single payer health care because we see every day how our fragmented and administratively complex health care system hurts our patients. LD 1883 would provide health care based on patient need, not on profit.

**Our current health care system is ineffective, inefficient, and expensive.** There were 82,100 uninsured people in Maine in 2023.<sup>1</sup> Even people with some health insurance often cannot afford the health care they need. About 110,000, or 10.2 percent of adults in Maine, reported having medical debt in a given year from 2019 to 2021.<sup>2</sup> And many people who do have health insurance are unable to access the care they need because of insurance denials. One in five adults have had their insurer deny medication, surgery, or other procedures.<sup>3</sup>

**The United States spends twice as much on health care as other major industrialized countries.** The patchwork system of private for-profit insurers has led to an extremely bloated

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<sup>1</sup> KFF. “Health Care in Maine.” <https://www.kff.org/statedata/election-state-fact-sheets/main/>.

<sup>2</sup> *Id.*

<sup>3</sup> Pestaina, Kaye, et al. “Consumer Survey Highlights Problems with Denied Health Insurance Claims.” Kaiser Family Foundation. 2023.

administrative bureaucracy, costing \$812 billion per year (\$2,696 per insured person) and consuming 34.2 percent of total health care spending.<sup>4</sup> Americans pay excessive prices for medical visits and procedures.<sup>5</sup> In 2023, health care spending grew 7.5 percent to a total of 17.6 percent of our GDP. This far exceeds other industrialized nations with projections of nearly 20 percent by 2030.<sup>6</sup>

**Despite spending more money per person on health care than any other country, the United States experiences far worse health outcomes.** 37.5 percent of U.S. adults go without recommended care, do not see a doctor when sick, or fail to fill a prescription because of costs. Only 11–12 percent of people in the United Kingdom, Germany, and the Netherlands experience these problems.<sup>7</sup> The United States has the highest rate of preventable deaths under the age of 75 compared to all but six of the 38 Organization for Economic Co-operation and Development (OECD) countries and the highest rate of treatable deaths under the age of 75 compared to all but 10 of 38 OECD countries.<sup>8</sup> Among 13 other industrialized countries, the United States had the lowest life expectancy at birth and the highest infant and maternal mortality.<sup>9</sup>

**LD 1883 offers a solution.** Bringing all Mainers together in one single payer system would provide better care for less money. The All Maine Health Plan would fund comprehensive health care services to all residents of the state. Single payer systems save money by including everyone in one risk pool, reducing administrative costs and insurer profits, and allowing health care resources to be distributed more equitably.<sup>10</sup> All medically necessary services would be covered.

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<sup>4</sup> Himmelstein, David U., et al. “Health Care Administrative Costs in the United States and Canada, 2017.” *Annals of Internal Medicine*. January 2020.

<sup>5</sup> Gunja, Munira Z., et al. “U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes.” *Commonwealth Fund*. January 2023. <https://doi.org/10.26099/8ejy-yc74>.

<sup>6</sup> Centers for Medicare and Medicaid Services. “NHE Fact Sheet.” December 2024. Accessed from: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.01375>.

<sup>7</sup> Gunja, Munira Z., et al. “The Cost of Not Getting Care: Income Disparities in the Affordability of Health Services Across High-Income Countries.” *Commonwealth Fund*. 2023. <https://www.commonwealthfund.org/publications/surveys/2023/nov/cost-not-getting-care-income-disparities-affordability-health>.

<sup>8</sup> Organisation for Economic Co-operation and Development (OECD). “Health at a Glance 2019: OECD Indicators.” OECD Publishing. May 2020. <https://doi.org/10.1787/4dd50c09-en>.

<sup>9</sup> Gunja, Munira Z., et al. “U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes.” *Commonwealth Fund*. Jan. 2023. <https://doi.org/10.26099/8ejy-yc74>.

<sup>10</sup> Analyses of Medicare for All and CalCare, national and California state single payer proposals, consistently show cost savings. See Gunja, Munira Z., et al. “U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes.” *Commonwealth Fund*. Jan. 2023. <https://doi.org/10.26099/8ejy-yc74>. Gunja, Munira Z., et al. “U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes.” *Commonwealth Fund*. Jan. 2023. <https://doi.org/10.26099/8ejy-yc74>. Gunja, Munira Z., et al. “U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes.” *Commonwealth Fund*. Jan. 2023. <https://doi.org/10.26099/8ejy-yc74>. Pollin et al., “Economic Analysis of the Healthy California Single-Payer Proposal (SB-562).” Political Economy Research Institution, University of Massachusetts Amherst (2017). <https://peri.umass.edu/publication/item/996-economic-analysis-of-the-healthy-california-single-payer-health-care-proposal-sb-562>.

Patients would have their choice of health care providers and access to primary and preventive care, before health conditions become more difficult and expensive to treat. Reliable funding would help keep hospitals in rural areas open and improve health care in those communities.

Our existing patchwork health insurance system does not work for Maine. Nurses are sick and tired of seeing our patients suffer from preventable conditions and burdened with debt just so insurance middlemen can profit from denying care. **We urge you to support LD 1883.**

Sincerely,

A handwritten signature in cursive script that reads "Coralie Giles RN". The ink is black and the signature is fluid and legible.

Coralie (Cokie) Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United