

## Testimony of Marge Kilkelly on Behalf of the Maine Council on Aging to the Committee on health and Human Services

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

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Thank you Senator Ingwersen, Representative Meyer, and Members of the Health and Human Services Committee.

My name is Marge Kilkelly, and I am a Policy Consultant for the Maine Council on Aging (MCOA) which is a broad, multidisciplinary network of over 140 organizations, businesses, municipalities, and older community members working to ensure we can all live healthy, engaged, and secure lives with choices and opportunities as we age at home and in community settings. The MCOA is a unifying force across sectors that is creating a new narrative about aging and older people in Maine with the goal of building local, statewide, and national support for the systemic changes needed to support our new longevity.

## I am testifying in Support of LD 1937 An Act to Require Hospitals and Hospital-affiliated Providers to Provide Financial Assistance Programs for Medical Care.

Health care costs are a significant burden for families. Older people not yet eligible for Medicare (generally those between 50 and 64) can be significantly impacted by high healthcare costs, leading to financial strain and potentially delayed or skipped medical care. A January 2025 Kiplinger article indicates that by age 60, the average monthly out of pocket cost of health care exceeds \$1,000.00.

According to KFF, Medicare recipients out of pocket costs are about \$7,000 annually which represents 13% of the total household spending. These costs include premiums, deductibles, coinsurance, and copayments, depending on their specific Medicare plan.

Hospital care is a significant part of medical debt and medical debt keeps people from accessing further care. This situation leads to worse health outcomes which impacts a person's quality of life.

Many people who are struggling with medical debt due to emergency care, diagnostic tests, and hospital stays are not aware of the requirements that Maine hospitals provide medically necessary care at no cost. These people who are already struggling financially and dealing with health issues are often not in a position to understand how to appeal a bill or how to apply for financial assistance.

One aspect of this legislation is reducing barriers to accessing free care by improving the process hospitals use to communicate about financial assistance with patients and simplifying the application process. These provisions will provide critical information to patients and allow them to access the aid they are eligible for.

I urge your support of LD1937.