



**Testimony of Maine Public Health Association regarding:
LD 2196: An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair
Prices for Health Care**

Joint Standing Committee on Health and Human Services
Room 209, Cross Building
Thursday, March 12, 2026

Good morning, Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos, and I am the executive director of Maine Public Health Association. MPHA is in support of the proposed amendment to LD 2196: “An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care,” which would establish a Blue Ribbon Commission on the Cost of Health Care & Health Insurance in Maine.

MPHA is the state’s oldest, largest, and most diverse organization dedicated to advancing public health in Maine. We represent nearly 950 individual and 80 organizational members across the state, and our mission is to advance the health of all people and places in Maine.

Our support for this Commission stems from our first-hand experience serving on various statewide working groups, advisory bodies, councils, and commissions, including the Maine Climate Council’s Community Resilience Working Group, the Climate Council’s Equity Subcommittee, the PFAS Fund Advisory Committee, and the Blue Ribbon Commission to Design a Plan for Sustained Investment in Preventing Disease and Improving the Health of Maine Communities. Throughout that work, we have been part of efforts to listen, deliberate, propose, and advance public policies that have relied on community input, science, compromise, and shared understanding of the complicated public health challenges facing our state. As a couple of examples:

- The bipartisan bill, LD 1: An Act to Increase Storm Preparedness for Maine’s Communities, Homes and Infrastructure, stemmed from efforts of the Maine Climate Council. In a Council-sponsored listening session, held in a rural Downeast community, attendees shared that they were more concerned about housing, childcare, transportation, and other determinants of health than climate change. The Infrastructure Resilience Commission, which visited various parts of the state impacted by the devastating back-to-back storms of 2023 and 2024, also recognized the need to invest in housing. And in our Resilience Working Group discussions, it was clear people in Maine need help making their homes more resilient to increasingly frequent extreme weather events. Homes with old roofs in need of replacement or leaky basements are easy targets for water damage and mold growth. The Home Resiliency Program, a component of LD 1, will provide the necessary funding to help protect homes so they don’t fall into disrepair and contribute to the housing crisis our state is facing; or force tenants to live in unsafe and unhealthy dwellings. In other words, LD 1 is a direct response to community feedback, intentional outreach, and thoughtful deliberation. It’s both a housing and climate bill, and an example of government working to address identified needs.
- Through the PFAS Fund Advisory Committee, we have been able to support groundbreaking, innovative research that uses cholesterol-lowering medication to reduce body burden of PFAS. Using this common medication has the potential to lower PFAS blood serum levels by 70-80%, reducing risk of hyperlipidemia, cancer, weakened vaccine response, and other health issues.

These are just some examples of the good work that can come out of deliberative efforts to solve complex public health challenges, where people and organizations, representing different perspectives and roles, can work together to find solutions. Incidentally, both examples also contribute to lowering healthcare costs.

We respectfully request the inclusion of a public health representative on the Commission. Health status is a major contributing driver of healthcare costs, so including a person with expertise in primary, secondary, and tertiary prevention of disease is essential. Other contributing drivers, like housing, transportation, climate change, and broadband access also necessitate a broader, public health perspective.

We respectfully request you to support this proposed amendment to LD 2196. We believe this is the most promising path forward to working across issue areas to lower the costs of healthcare in Maine. Thank you for your consideration of our testimony.