

Good afternoon, Senator Hickman, Representatives Madigan, Meyer, and Shagoury, and the members of the Committee on Health and Human Services. My name is Devon Stockmayer, I am the Advocacy Supervisor at Preble Street. I am here today to ask for your support in the passage of LD619: An Act to Ensure Coordination of Care for MaineCare Members. This bill addresses social determinants of health and will improve access to Maine's healthcare system for some of the most vulnerable in our state, including those we work with at Preble Street.

Through a grant from the Maine Health Access Foundation, Preble Street's Healthcare Outreach to Process Experiences (HOPE) project assesses the changes to homeless healthcare delivery due to the COVID-19 pandemic. A collaboration between Preble Street's Advocacy and Health Services teams, the project aims to identify successes, gaps, and barriers in Maine's healthcare system. Through an evaluative survey, the project gathered data from over sixty participants across a three-month period. The findings of the project will be used to improve access to quality, comprehensive, and dignified healthcare services for people experiencing homelessness across Maine.

The HOPE survey offered participants an opportunity to identify the most significant barriers faced in engaging with the healthcare system. Transportation stood out.

- 77% of individuals surveyed indicated that transportation was their primary barrier to accessing healthcare.
- Many participants complained about the consistency of ride scheduling with LogistiCare (formerly Modivcare), the transportation services offered to MaineCare members.
- Participants cited instances when drivers showed up too late or at the wrong address, causing missed appointments, or failed to bring them home again afterwards.

LD619 ensures equitable access to transportation, guaranteeing its presence in non-rural and rural areas. In a HOPE focus group at Preble Street's Recuperative Care Program, one participant described walking 8.4 miles daily during the pandemic to access counseling services because he could not trust LogistiCare to get him to his appointments in Bridgton. Rural access matters, too.

Many survey and focus group participants spoke about engagement in behavioral health care and substance use treatment. Some described accessing these services for the first time due to pandemic-era changes, including expanded MaineCare coverage and the ease of telehealth. LD619 offers expanded access to recovery coaching and peer support services—especially critical for individuals engaged in the recovery process.

Evident in the bill's title, this legislation will strengthen "coordination of care," improving the individual experience of engaging in the healthcare system for MaineCare members. These efforts emphasize continuity and consistency in the patient experience, promoting a holistic, person-centered approach to care. LD619 also requires DHHS to reimburse providers for coordinated physical and behavioral health services, as well as case management, ensuring that providers can meet patient needs without financial and logistical constraints to care.

I see LD619 as a bridge for some of the most substantial barriers to healthcare access, a chance to treat Maine's healthcare system as an actual network rather than a series of siloes for the patient to visit. Equitable access to quality healthcare should be a right, not a privilege. Supporting LD619 in its effort to bolster MaineCare services is also an opportunity to strengthen Maine communities by providing supports to our most vulnerable citizens.

Thank you for your time and consideration.