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HOUSE OF REPRESENTATIVES

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Testimony in Support of

LD 199, An Act to Improve the Health of Maine Residents by Removing Exclusions to the MaineCare Program

March 28, 2023

Senator Baldacci, Representative Meyer, and honorable fellow members of the Health and Human Services Committee. I am proud to be a co-sponsor of this bill, and I thank Speaker Talbot Ross for her leadership and for introducing it. There are many human faces of this bill for me; countless times seen what access (or lack of access) to healthcare means for real people. I'll let others tell their stories better than I could. Please allow me to offer a couple things to consider.

- 1. Health insurance saves lives. That's not hypothetical; it's been observed and measured in the real world.1 An additional life is saves for every 500 or so people who have health insurance. That's more effective as a life-saver than mammograms for breast cancer, or colonoscopies for colon cancer screening.² Let's not lose sight of the life-saving power of health insurance. Even as we consider these numbers, we know we're talking about real people.
- 2. Health insurance improves lives. Again, that's been quantified with measurable outcomes. For instance, control of chronic conditions can be measured in visits to the Emergency Room. A leading Emergency Medicine journal published an important research paper that found, that ER visits for psychiatric concerns

¹ The range of this ratio in the medical literature is one life saved per 239-830 additional people with health insurance. See Sommers, Long, and Baicker. Changes in Mortality After Massachusetts Health Care Reform. Annals of Internal Medicine. 6 May 2014, 160(9): 585-593. https://www.acpjournals.org/doi/abs/10.7326/m13-2275. See also Sommers, State Medicaid Expansions and Mortality, Revisited: A Cost-benefit Analysis. Americal Journal of Health Economics (2017). https://www.journals.uchicago.edu/doi/abs/10.1162/ajhe a 00080

² https://www.thennt.com/nnt/screening-mammography-for-reducing-deaths/

dropped as the number of uninsured individuals decreased.³ This is a meaningful outcome, especially here in Maine. But it's also true for non-psychiatric chronic conditions. One paper published in the *New England Journal of Medicine* pointed out that health insurance leads to problems being diagnosed at an earlier stage.⁴ The authors highlighted the diagnosis and treatment of diabetes. When that condition is found early, treatment revolves around exercise, dietary measures, and perhaps oral medications. If found later, injected insulin comes into play. And at late stages, there's a need for significantly life-impacting interventions like amputations and dialysis.

Health insurance removes barriers to chronic disease management, and reduces people's reluctance to get care. All this helps people be healthier--and healthier people contribute to healthier families, more productive workplaces, and more vibrant, prosperous communities.^{5,6}

Let's keep our hearts open to the good that LD 199 would bring.

Thank you for your attention. I'd be happy to answer any questions.

³ El-Mallakh et al. Insurance expansion associated with reduced use of emergency psychiatric services, *The American Journal of Emergency Medicine* (2021), 40: 220-221, https://www.sciencedirect.com/science/article/pii/S0735675720304356)

⁴ Sommers Benjamin D., Gawande Atul A., Baicker Katherine. (2017) Health Insurance Coverage and Health — What the Recent Evidence Tells Us. *N Engl J Med* 377:6, 586-593

⁵ For more on spillover benefit for children, for example, see Sacarny et al, Out of the Woodwork: Enrollment Spillovers in the Oregon Health Insurance Experiment (2020), National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w26871/w26871.pdf

⁶ For an analysis of the business case for chronic disease management, see https://www.cdc.gov/workplacehealthpromotion/model/evaluation/productivity.html