



**Maine Equal Justice**  
**People Policy Solutions**

126 Sewall Street  
Augusta, Maine 04330-6822  
TTY/Voice: (207) 626-7058  
www.maineequaljustice.org

**Alex Carter, MPH**  
Policy Advocate  
(207) 626-7058, ext. 232  
acarter@mejp.org

**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**

Good afternoon Senator Baldacci, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services. My name is Alex Carter, I use she/her pronouns, and I am a Policy Advocate at Maine Equal Justice; a nonprofit civil legal aid provider working to increase economic security, opportunity, and equity for people in Maine. I'm testifying in support of LD 199 and access to healthcare for *all* low-income Maine people—no exceptions, no exclusions.

I wish we could all agree that healthcare is a fundamental human right. Unfortunately, we have work to do as a society when it comes to who we include in the definition of human and who we deem deserving of care. I hope that listening to the many people who shared their stories today has moved us all a bit closer to that shared humanity. I will attempt to summarize why we believe LD 199 is not only the moral choice but also the rational choice and to highlight points where I think we already agree.

**The Problem & Solution**

We can all agree that everyone gets sick and everyone at some point in their lives needs healthcare. From colds to cancer, human bodies sometimes require treatment and that is a universal need. What is not universal is the access, affordability, and availability of that care which, in this country, is largely based on a person's income, employment, geography, race, and immigration status.

Imagine if the last time you were sick you didn't have a primary care physician to consult, you didn't have coverage for routine testing, and you didn't have enough money to pay out-of-pocket for an expensive prescription medication. That is the reality for many of our friends, colleagues, and neighbors who are immigrants in this state. Instead, they turn to a patchwork of safety net services and emergency care as their only point of access to our complex healthcare system.

While the current administration and this committee have taken bold steps to improve access to affordable healthcare in Maine, there are still people who are categorically excluded from those benefits based solely on their immigration status. They include green card holders and certain

victims of abuse who arrived less than five years ago, asylum seekers with pending cases, and yes, those who are undocumented or have an uncertain or temporary status.

LD 199 would right that wrong by removing exclusions to our MaineCare program to ensure that *everyone* with low income can access the healthcare they need—regardless of immigration status.

## **Immigration & Federal Restrictions**

Immigration status and eligibility for benefits are not static identities, but rather fluid categories that shift as people move through the system and changes occur at the federal level. In the mid-nineties, so-called welfare reform restricted most lawfully present immigrants from receiving federal Medicaid for at least five years after entering the U.S.<sup>1</sup> At that time, the Maine Legislature, with bipartisan support, chose to continue to cover immigrants using state funds. Then, in 2011, the LePage administration cut access to MaineCare for many immigrants leaving a gap in coverage that persists today.

Those who fall into this coverage gap are still eligible for Emergency MaineCare which only pays for services to stabilize a life-threatening condition. Forcing some of our residents to rely only on emergency care strains our hospitals and increases the cost of healthcare for everyone. Furthermore, many of the people who are ineligible for full MaineCare based on their current status will become eligible at some point in the near future. For example, an asylum seeker who is ineligible for federal Medicaid while their case is pending becomes eligible once granted asylum. If we ignore their healthcare needs today, we will still be paying for their higher healthcare costs down the line after health conditions have gone undetected and untreated.

While we can all agree that our immigration system needs reform at the federal level, including changes to the timeline for work authorization and more pathways for lawful entry, the state can act now to provide healthcare to those who have chosen Maine as the place to work and raise their families. There are myriad reasons why people leave their country of origin including war and civil unrest, poverty, displacement, the impacts of climate change, and the pursuit of education and economic opportunity, but the primary reason most immigrants come to the U.S. is for employment, not healthcare.<sup>2</sup>

There is no data to suggest that expanding health benefits to immigrants incentivizes migration. A national study from Stanford's Immigration Policy Lab showed that when certain states expanded healthcare coverage to immigrant children and pregnant people under CHIPRA (Children's Health Insurance Program Reauthorization) it had no measurable effect on whether immigrants chose to move to those states.<sup>3</sup> If healthcare were a driver of migration, states that

---

<sup>1</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361081/#:~:text=Although%20welfare%20reform%20restricted%20unqualified,matching%20dollars%20for%20such%20programs.>

<sup>2</sup> <https://www.kff.org/wp-content/uploads/2013/01/7761.pdf>

<sup>3</sup> <https://immigrationlab.org/project/states-medicaid-expansion-counters-welfare-magnet-argument/>

provide a wider scope of services to more of their immigrant populations such as California, Colorado, Illinois, Massachusetts, New York, and Washington, D.C.<sup>4</sup> would see large influxes of immigrants associated with those expansions, yet they have not. New immigrants choose to make Maine their home for the same reasons many of our families came here and stayed—safety, family ties, a close-knit community, and a desire to work and build a life for their children.

## **Workforce & Maine's Care Economy**

We all know that Maine has a workforce shortage, and that immigration is a central part of the solution. Approximately 20,000 workers have left the Maine labor force since the start of the pandemic and we're expected to lose another 65,000 before 2030 due to our aging population.<sup>5</sup> Maine's economic future depends on attracting a new workforce to our state, and we already depend on immigrants to keep many of our key industries afloat.

Across the country, immigrants represent disproportionately high shares of workers in many essential jobs, including healthcare and direct care. Nationally, 24% of dentists, 22% of nursing assistants, and 38% of home health aides are immigrants.<sup>6</sup> While only 4% of Maine's total population is foreign-born,<sup>7</sup> recent census analysis from the Maine Center on Economic Policy (MECEP) shows that nearly 6% of hospital workers in the state are immigrants and they make up 5.5% of nursing home staff and 7.3% of personal care workers.<sup>8</sup> Yet, many of the same people who are caring for us and our loved ones are not able to access the care they need.

A 2020 analysis from the Migration Policy Institute showed that 13% of immigrant healthcare support workers nationwide lacked health insurance and for non-healthcare occupations the percents rose to over 20% uninsured.<sup>9</sup> Given that many immigrants work in physically demanding jobs with high incidence of occupational injuries, untreated health problems can severely constrain workforce participation. Loss of productivity resulting from personal and family health problems costs U.S. employers hundreds of billions of dollars each year.<sup>10</sup> It's time that we returned the care that immigrants give to us and invest in a healthy, expanded workforce.

## **Cost**

While there is a cost to providing health care coverage, the human and financial cost of denying that coverage is far greater. Multiple studies have shown that lack of health insurance is associated with

<sup>4</sup> <https://www.nilc.org/wp-content/uploads/2022/12/med-services-for-immigrants-in-states-2023-1-1.pdf>

<sup>5</sup> <https://www.pressherald.com/2022/09/18/immigrants-may-hold-a-key-to-solving-maines-labor-shortage/>

<sup>6</sup> <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states>

<sup>7</sup> [https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants\\_in\\_maine.pdf](https://www.americanimmigrationcouncil.org/sites/default/files/research/immigrants_in_maine.pdf)

<sup>8</sup> MECEP Analysis: [https://www2.census.gov/programs-surveys/acs/tech\\_docs/pums/data\\_dict/PUMS\\_Data\\_Dictionary\\_2016-2020.pdf](https://www2.census.gov/programs-surveys/acs/tech_docs/pums/data_dict/PUMS_Data_Dictionary_2016-2020.pdf)

<sup>9</sup> <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states>

<sup>10</sup> <https://www.cdc.gov/workplacehealthpromotion/model/evaluation/productivity.html>

a higher risk of death.<sup>11</sup> In 2021, one in five uninsured adults went without necessary medical care because they couldn't afford it and numerous studies show that people without insurance are less likely to get preventive care or services for serious chronic conditions. For Black and Latinx communities, it's even more difficult to afford and access healthcare.<sup>12</sup>

When cost is a barrier, people often delay care until conditions become more dangerous and more costly to treat. Utilizing emergency rooms as a point of access is also far more expensive for our healthcare system and places an added burden on our already stretched hospital staff. A 2019 analysis from UnitedHealthcare found that going to the ER for medical care that could be handled elsewhere costs the U.S. healthcare system an excess of \$32 billion dollars a year. A trip to the ER is on average 12 times more expensive than being treated in a doctor's office for those same ailments.<sup>13</sup> Passing LD 199 would also result in savings for our hospitals and clinic systems that provide a large amount of uncompensated and free care to immigrants who are not eligible for MaineCare. Removing unjust exclusions to MaineCare is both the right thing to do and the smart financial choice.

## Equity

Lastly, immigrant access to healthcare is a matter of racial equity. People of color experience poorer health outcomes in almost all health measures and are less likely to be insured than their white counterparts.<sup>14</sup> A greater proportion of immigrants who would qualify for MaineCare, but for their immigration status, are people of color. Although the largest number of immigrants coming to Maine are from Canada and primarily white,<sup>15</sup> Maine also has stark disparities in income based on race. An analysis of 2019 American Community Survey data showed that Black Mainers had median personal incomes less than half that of white Mainers.<sup>16</sup> This is further compounded by wait times for work authorization for certain immigrants who must go periods of time without generating any income yet remain ineligible for MaineCare. LD 199 will move us one step closer to equity, shared prosperity, and a healthcare system that works for all of us.

We are grateful to those of you who have already taken a stand for increased healthcare access by voting to include LD 199 in the budget. We ask that you again vote for your values by voting Ought to Pass on LD 199. If we truly believe that all Mainer's deserve better and more affordable healthcare, then we must include everyone who is income eligible in our MaineCare program—no exceptions and no exclusions.

---

<sup>11</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2775760/>

<sup>12</sup> <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

<sup>13</sup> <https://khn.org/morning-breakout/the-cost-of-unwarranted-er-visits-32-billion-a-year/>

<sup>14</sup> <https://www.kff.org/racial-equity-and-health-policy/report/key-data-on-health-and-health-care-by-race-and-ethnicity/>

<sup>15</sup> <https://www.migrationpolicy.org/data/state-profiles/state/demographics/ME>

<sup>16</sup> <https://www.jtgfoundation.org/2021/01/25/maine-data-glimpse-stark-racial-disparities-in-maines-median-personal-income/>