

**State of Maine | 131st Legislature
Joint Standing Committee on Health and Human Services
Testimony of Coleen Elias on behalf of Community Clinical Services
March 28, 2023**

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

Sponsored by Speaker Rachel Talbot Ross

Senator Baldacci, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, I am Coleen Elias, CEO of Community Clinical Services - one of Maine's 20 community health centers (CHCs), also known as Federally Qualified Health Centers (FQHCs), and part of the largest independent primary care network in the state.

Community Clinical Services has a total of 9 service sites in Lewiston and Auburn, including 4 school-based health centers, primary care, integrated and outpatient behavioral health services and a pediatric dental clinic. Our healthcare team of 125 individuals deliver comprehensive care to more than 13,000 patients annually, regardless of health insurance status or ability to pay.

We strongly support LD 199 and thank Speaker Talbot Ross for bringing legislation forward that will ensure all Maine residents with low income have access to MaineCare, regardless of immigration status.

By regulatory compliance and virtue of ethical standards of practice, Community Health Centers are at the forefront of providing equitable access to care. We make it our mission to mitigate barriers that cause harm, delay care, and result in poorer outcomes for the most marginalized in our communities.

Health equity is at the core root of this bill and is one of the reasons why I am here today, speaking in support of this important legislation. The CDC defines Health Equity as "the state in which everyone has a fair and just opportunity to attain the highest level of health".

Everyone means all, with no exclusions - not just folks that have a social security number; not just pregnant women and children that have coverage with an expiration date. **Everyone means all.**

Since October, our health center has served approximately 300 new patients that are newly arrived in the community that do not have insurance. In fact, they have nothing more than what they could walk here with, and hope for their futures. They face insurmountable challenges and come to us seeking care, knowing we won't turn them away. Pregnant women with high-risk pregnancies that need care beyond the date they deliver, children of all ages with health and developmental disorders that need care beyond their 21st birthday, men and women that are currently not eligible, but need care to manage their latent tuberculosis, hypertension, hepatitis, diabetes, HIV. Some are extremely healthy, some are not. Some need only an annual exam, while others need care to stabilize their acute needs, or to effectively

manage their chronic needs. Healthcare isn't a luxury, but a basic necessity of life, and all low-income Mainers need and deserve equitable access to care and the "opportunity to attain the highest level of health".

The second reason why I am here today, in support of LD199, is to talk about the impact of this bill for our health center, and community health centers across the state that are providing care to all who seek our services. We do this not only because we are federally required to do so, but because it's the right thing to do. However, providing care without funding for that care doesn't come without significant financial challenges that threaten to create the very barriers we work so hard to tear down.

Exclusions on MaineCare benefits based on immigration status not only harms the individuals that are excluded, but it also negatively impacts the health centers that are providing care for free. This bill will help all health centers by providing reimbursement for the care being provided to members of our community - reimbursement that will directly support our operations and ensure that we can keep our lights on, and doors open so that we may continue providing workforce opportunities here in our community while continuing to provide high quality, culturally appropriate, affordable, and cost-effective care to all, without exclusion.

The final reason why I am here today, in support of LD 199, is because it's an important investment to make in Maine residents that are, very often, only in need of *temporary* support as they legally work through the immigration process. Immigrants significantly contribute to Maine's economy, and we need Immigrants to want to stay in our communities and to work in Maine Based businesses, but they need to be healthy to do so. Studies confirm that health coverage improves access to care; supports positive health outcomes, including an individual's sense of their own health and well-being; incentivizes appropriate use of health care resources; and reduces financial strain on individuals, families, and communities. (1)

You all have an important choice to make on this bill. A choice that will have immediate and long-term impact on the lives of low-income Mainers that already face health disparities, on health centers throughout the state, and on the state's workforce. How you vote on this bill will determine whether that impact is positive or negative.

In closing, I ask you to please take a moment to reflect on the following question posed by Dr. Paul Edward Farmer, a pioneering Harvard Medical School global health physician and medical anthropologist who dedicated his life to improving and providing health care in underserved communities:

"If healthcare is a human right, then who is considered human enough to have that right?"

LD199 is an opportunity to answer this question through legislative action.

On behalf of Community Clinical Services, thank you for taking time to hear our testimony in support of LD 199.

(1): Antonisse, Larisa, et al., "The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review," Kaiser Family Foundation, August 2019.