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DEPARTMENT OF CORRECTIONS
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RANDALL A. LIBERTY
COMMISSIONER

TESTIMONY OF

**PENNY GIBSON, HEALTH CARE SERVICES MANAGER
MAINE DEPARTMENT OF CORRECTIONS**

January 27, 2025

In Support of:

LD 18, An Act to Allow the Department of Corrections to Increase Health Care Fees and Use the Proceeds from Those Fees to Offset the Costs of Client Medical Care Support Workers

Senator Beebe-Center, Representative Hasenfus and distinguished members of the Joint Standing Committee on Criminal Justice and Public Safety, I am Penny Gibson, Health Care Services Manager for the Maine Department of Corrections (DOC) providing testimony in strong support of LD 18, An Act to Allow the Department of Corrections to Increase Health Care Fees and Use the Proceeds from Those Fees to Offset the Costs of Client Medical Care Support Workers. The Department thanks Senator Moore for sponsoring this bill on our behalf.

As this committee heard during our Commissioner’s presentation last week, Maine Department of Corrections provides every resident in our care with all medically necessary and appropriate treatment through our healthcare provider, Wellpath. In the rare circumstances where a procedure is required that Wellpath cannot provide, or where a specialty consult is required, we work closely with medical partners and community providers to deliver those services.

Just like when a person goes to the doctor in the community, sometimes there are additional fees, or “copays”, associated with receiving medical services in the department. The cost of those fees are determined by the Commissioner, as provided in law under Title 34-A, section 3031, subsection 2. Currently, the law requires that fees for medical or dental services may not exceed \$5. A cap that was established in 1991 and that simply does not reflect a reasonable fee for services after more than 30 years of inflation.

This bill addresses that issue by increasing the amount the Commissioner may establish for medical and dental fees from a fee “not to exceed \$5” to a “reasonable fee not to exceed \$25.” Under this proposal, fees will not be \$25 across the board but set on a sliding scale in relation to the cost of the medical service being provided. Additionally, the Department will continue its current practice of only applying these fees in the first instance of any particular treatment. If a resident needs prescription medication, the fee will only be charged the first time the resident receives that medication. If a resident has a procedure that requires follow-up appointments, the fee will only be charged for the initial procedure, not the follow ups. This proposal also maintains the current provisions in law under Title 34-A, section 3031, subsection 2, that exempt residents from being required to pay these fees in certain circumstances, including cases where the resident cannot afford to pay.

This bill is important because money received by the Department from these fees is meant to offset the cost of medical and dental services, prescriptions, medication and prosthetic devices (as designated in statute). The cost for each of those categories has risen dramatically in the last 30 years and the current fee cap simply does not adequately support our medical services or provide residents with a realistic picture of the kind of healthcare fees they’ll be responsible for when they return to our communities.



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In addition to supporting our medical and dental services, you will also notice that this bill also makes a small change to what the money collected through these fees may be used to support. This bill will also allow the department to use the proceeds for the purpose of paying resident workers who support medical care and related services for other residents. This change allows our department to better support residents in our facilities in jobs that have a meaningful impact on the rest of their community, as well as creating a viable pathway for residents to remain in these roles rather than pursuing other jobs in the facilities.

For the reasons stated above, the department respectfully asks for the committee's support in this proposal.

This concludes my testimony.

I am happy to answer questions.

Penny Gibson
Health Care Services Manager
Maine Department of Corrections