Testimony in SUPPORT of LD 896 by Sydney R. Sewall, MD (Hallowell) on behalf of the Maine Chapter, American Academy of Pediatrics, Maine Medical Association, and Maine Osteopathic Association
March 25, 2025

Sen. Ingwersen, Rep. Meyer and members of the Health and Human Services Committee:

My name is Syd Sewall, and I'm testifying today on behalf of the Maine Chapter of the American Academy of Pediatrics (Maine AAP), Maine Medical Association (MMA) and Maine Osteopathic Association (MOA).

I have been practicing pediatrics in the Central Maine area since 1982 and am very appreciative of the policy decisions regarding Mainecare rules made over these decades. It always made me uncomfortable when our private practice had to terminate our relationship with families who were negligent keeping up with their medical bills – and our office was *very* forgiving. The frequency of these events plummeted in the late 90's with the CHIP program and increases in the income level cutoff.

Unfortunately, there are still disruptions and resultant delays in care occurring in our population of young children. A child's eligibility for either public or private coverage can sometime be a roller coaster -- as the family structure changes, guardians get a new job then lose it, family crises interfere with renewals, et. Al.

This problem is not limited to Maine. The typical Medicaid beneficiary is covered for less than 10 months out of the year, and families often struggle navigating the renewal process. A Federal DHHS paper in 2021 found that people with low income are more likely to experience frequent income fluctuations compared to higher income populations leading to changes in eligibility and "churning" (the term used for moving in and out of Medicaid).

Even temporary gaps in coverage can be financially devastating, given the steep costs for medications needed to manage chronic disease, or lead to stopping needed medication. You may be aware that one basic asthma rescue inhaler is $60, and the inhalers commonly used for *preventing* attacks cost >$200. Families with no coverage will defer the latter, perhaps use only the rescue meds, and the child may end up in the ER or be admitted for an acute attack.

The outcome results from the first five years of life are the most important predictors of eventual adult success. This is the interval where active surveillance occurs through a series of medical visits aimed at prevention – initially every few months, then every 6-12 months through KG entrance. Early identification of developmental variations is made possible by avoiding the gaps in care that delay interventions. The goal of pediatric care is to improve school readiness which in turn facilitates long-term academic success.

The fiscal note for this bill may be difficult to estimate. Any increase in healthcare costs will be offset somewhat by decreased administrative expenses, as the need for staff time determining eligibility in this population will be greatly reduced. Remember that improving the health care of children is not wasteful spending – it's an investment with large eventual returns that, unfortunately, are not considered in the fiscal note.

The Maine AAP, MMA, and MOA urge the committee to vote "Ought to Pass" on LD 896.

Sincerely,

Sydney R. Sewall, MD MPH

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