



Maine Equal Justice
People Policy Solutions

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MEJ Testimony *opposing* LD 429, An Act to Track Certain Information Regarding and Seek Federal Reimbursement for Medical Care Provided to Asylum Seekers

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Good afternoon, Senator Ingwerson, Representative Meyer and members of the Health and Human Services Committee. My name is Dina Malual, I use she/her pronouns, and I am a Policy Advocate with Maine Equal Justice (MEJ), a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine. Today we are testifying in opposition to LD 429.

At a time where healthcare access is inequitable, proposing policies that could prevent people from receiving care is unjust. In 2011 the LePage administration cut access to MaineCare, resulting in limited access for many immigrants. That limitation persists today.

Maine Equal Justice has advocated for healthcare coverage for all Mainers regardless of their immigration status and we seek to remove unnecessary barriers to care. Due to federal restrictions, people seeking asylum and other immigrants, including many with a green card who are subject to the so-called “five-year ban” or individuals with certain other statuses, are ineligible for Medicaid coverage under federal law. Two exceptions exist: those who are pregnant can be covered using an option in the Children’s Health Insurance Program (CHIP), which Maine implemented in 2022, and certain care needed to address life-threatening conditions can be covered using Emergency Medicaid. Once someone becomes an asylee, they are eligible for full MaineCare under federal law - as are others with humanitarian statuses.

Immigration law and eligibility requirements for public benefit programs like Medicaid are complicated and impact people - sometimes even different people in the same family - in different ways depending on their immigration status, age, certain health conditions, and income. Maine already seeks reimbursement for health care costs for those who are eligible for reimbursement under federal law. For those who are not eligible under federal law, there isn’t a mechanism to seek additional reimbursement from CMS.

Immigrants who apply for healthcare coverage are told that their immigration status will not be reported to federal authorities and we must honor that. Hospitals do not have the capacity to collect and keep this kind of data, and requiring them to question patients’ immigration status

only instills fear - especially in the current climate of increased ICE activity, detainment, and deportation.

In addition to collecting data, LD 429 requires reporting to both the Governor and the Health and Human Services Committee on the aggregate cost of medical care provided to patients seeking asylum. The Department of Health and Human Services (DHHS) maintains data on noncitizens utilizing public benefit programs, so this report is not needed.

It costs far more to treat illnesses and diseases than it does to provide everyone with access to healthcare. We know that people of color and immigrants experience poorer health outcomes and are less likely to have access to healthcare than their white and non-immigrant counterparts.¹ Instead of singling out people seeking asylum, we should be looking at opportunities to ensure all Mainers - no matter their background or immigration status - can access necessary care.

For these reasons, we ask that you vote 'Ought Not to Pass' on LD 429.

¹ <https://www.kff.org/key-data-on-health-and-health-care-by-race-and-ethnicity/>