

**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

In Support Of

LD 1833 - An Act to Enact the All Maine Health Act

and

**LD 1269 - Resolve, to Study the Costs and Funding of a Universal Health Care Plan for
Maine**

Joint Standing Committee on Health Coverage, Insurance, and Financial Services
Room 220, Cross Building, Augusta, Maine
Wednesday, May 14, 2025

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Lani Graham, MD, MPH, and I am a former Chief Public Health Officer for Maine. I am submitting this testimony in support of LD 1833 - An Act to Enact the All Maine Health Act and LD 1269 - Resolve, to Study the Costs and Funding of a Universal Health Care Plan for Maine on behalf of the Maine Medical Association and Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,000 physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State.

The MMA and MOA's legislative committees have joined to advocate with one voice in support of LD 1833 and LD 1269.

The United States HealthCare System is in crisis, and Maine, as a rural state, is experiencing some of the worst of it. Never a week goes by that we don't learn of some new development that threatens the health of Maine people. Rural hospitals are closing, services that support mental health, such as the Pediatric Rapid Evaluation Program (PREP) are closing, and access to obstetrical services has become increasingly difficult.

Pregnant women who live in “obstetrical deserts” may need to travel over an hour to obtain service.

Unfortunately, the reason for these problems is always the same. The services that patients need, particularly preventive and outpatient care, particularly in rural areas, are simply not profitable. If patients have an insurance card, but if they can’t find someone to provide the care they need, what’s the point of having such a card? In Maine, the poor, the marginalized, and those who live in rural areas may well pay for this lack of profitability with their lives.

Maine physicians have been outspoken in asking for change. In 2023, the Maine Medical Association (MMA) published a new statement about the need for health care reform. I have attached it to this testimony. If you need a statement summarizing what is wrong with our current system, this document is a good place to start.

As noted in the document, the United States healthcare system is the most expensive globally, consuming almost 18% of our gross national product. Despite our expensive system, we are near the bottom of developed nations in important indicators of health, such as life expectancy, infant mortality, and preventable hospitalizations. The pursuit of profit is driving up the cost of healthcare and compounding system inequities. Health care-related bankruptcy remains the leading cause of bankruptcy.

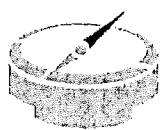
As time goes on, the situation appears to be worsening. Discussions at the federal level about reducing health care costs have turned to Medicaid, which currently serves some of the neediest people in Maine. While some aspects of the program could be tweaked, it is definitely better than nothing.

Change is needed immediately. A simpler system is needed. All people need to have access to health care. We in Maine need to take a page from Canadian history and consider taking matters into our own hands. LD 1833 offers that opportunity. Through this bill, we can establish an available vehicle for action as we think independently and consider our options. While less robust, LD 1269 also sets us on the path toward considering what is possible for Maine.

Thank you for your attention. I hope you will recognize the health care crisis and support both bills.

Thank you,

Lani Graham, MD, MPH



Maine Medical Association

Erik N. Steele, DO, President | Paul R. Cain, MD, President-Elect | R. Scott Hanson, MD, MPH, Chair, Board of Directors
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Maine Medical Association Statement on Reform of the U.S. Health Care System

The Maine Medical Association (MMA), headquartered in Manchester, Maine, was founded in 1853 and now represents more than 4,000 physicians, resident physicians, and medical students. Our mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people.

The MMA believes that our current U.S. health care system produces some of the world's most eminent clinicians and health care facilities which, together, provide some of the most advanced medical care in the world. But, despite sustained efforts by physicians and other health care workers, our system fails both patients and physicians in multiple ways:

- It is the **most expensive in the world**, consuming almost 18% of our gross national product.
- We are **near the bottom of developed nations in important indicators of health**, such as life expectancy, infant mortality, and preventable hospitalizations.
- Most health care dollars are spent in the last weeks of life, while **cost-cutting has focused largely on primary care**, public health, and services which reduce illness.
- The **cost of lifesaving medication** is often unaffordable for many patients.
- The **pursuit of profit** is driving up the cost of health care and compounding system inequities.
- **Many are still without access to health care.**
- **Health care related bankruptcy** remains the leading cause of bankruptcy.
- Physicians are burdened with documentation increasingly geared toward system requirements rather than patient care.
- A system relying on employer-based insurance distorts priorities, leaves many uncovered and reduces patient options.
- There are **startling inequities of health care** because of income disparities and systemic bias, which falls largely on marginalized groups.
- **Low reimbursement rates in the Medicare and Medicaid programs** have made provision of comprehensive care to these important populations unsustainable.
- Demoralized and disillusioned, physicians are leaving the profession in record numbers.

Action should be taken immediately to create a system that provides access to health care for all (as a public good), contains costs, eliminates health disparities, and ensures a robust public health system. A new health care system should strive to incorporate the following principles:

The Physician-Patient Relationship

1. Put the patient first and protect the physician-patient relationship, particularly respecting the physician's autonomy as an advocate for the patient.
2. Provide health care that is high quality, comprehensive, reflects a physician-patient collaboration and is not profit driven.
3. Promote patients' freedom to select their physicians and other clinicians.

Structure of the Health care System

1. Support a strong public health infrastructure that collaborates fully with health care systems to advance population health through emphasizing the prevention of disease and addressing social determinants of health, such as poverty, education, environmental factors, and nutrition.
2. Recognize the importance of primary care in the prevention of disease.
3. Ensure access to fully integrated, high-quality health services when and where needed, including at-home care, dentistry, and specialty services.
4. Accept that bias, both recognized and implicit, plays an outsized role in access to health care and treatment. Strengthen and expand research into disparities in health status and eliminate causative factors.
5. Ensure coverage for pre-existing medical conditions and end coverage discrimination for any individual factor, such as addiction, sex, gender identity, age, race, or place of residence.
6. Create a sustainable system that controls health care costs in the least intrusive way possible, without damaging patient care and have a billing system that is streamlined, prompt, and reliable.
7. Assure a continuous improvement plan for health care that relies on evidence-based medicine, benchmarking, and reliable metrics.
8. Promote transparency of health care cost, quality, and outcome data.
9. Enhance patient care by making electronic medical records (EMRs) and health information technology (HIT) user friendly, focused on clinical rather than financial matters, and interoperable to facilitate communication.
10. Include a means of resolving medical liability disputes that will be fair to all.
11. Include a multi-disciplinary, integrated, and evidence-based mental health care and substance use disorder treatment system with the same level of access and payment parity as that of all other illnesses.
12. Assure funding for a well-trained and adequately compensated health care workforce that can provide high-quality care for all.

Public Support for the Health Care System

1. Be politically sustainable by including everyone as a beneficiary, by being simple and transparent so that every participant can understand the system and see that its financial burdens and benefits are distributed fairly.

The MMA recognizes the need for comprehensive and transformative change to our health care system. We have periodically surveyed our membership and, overall, members do not think the present health care system fulfills the principles we have outlined – it is full of inefficiencies and failures to prevent disease and disability. Experience during the last decade has shown that the Affordable Care Act, Medicare, Medicaid, and the Veterans Administration have improved access to health care, but that access is threatened by low reimbursement rates. A new system must be a full reconfiguration of health care delivery and financing, designed by evaluating the failures and successes of our present models and the systems of other countries.

The priority for health care reform is to provide high-quality, comprehensive care for all residents of the U.S. in a cost-efficient manner. We believe that a system that is unduly influenced by the profit motive adversely affects the decisions made for patients and cannot fulfill these same principles. Other countries have demonstrated better outcomes through a variety of differing national programs. These health care systems include models in which physicians are employed directly by the government, independent physicians paid primarily through the government, or hybrid systems, using private regulated financing methods. All these systems receive public financing and are better at realizing the principles outlined in this document.

We believe any solution must ensure universal access to efficient, evidence-based, timely care that is affordable to the American people. As such, we are calling for federal health care reform that provides universal coverage through either an adequately funded single payer system or a combination of private and public financing where the federal government has, at minimum, regulatory powers over health care delivery to protect consumers and providers from private profit-driven motives. Such federal reform is the most cost-effective way to provide universal coverage, establish appropriate priorities, and achieve simplicity. Basic, comprehensive care must be available to all, and creativity and competition that can enhance quality should be encouraged through assessing and implementing all payment methods and care models that can show benefit. The time for the people of Maine and the United States to have guaranteed, affordable care is long overdue.

Given the current partisan divide at the federal level, however, such necessary federal reform seems unlikely at this time. Maine cannot afford to delay regular access to ongoing health care for all of its people. The Maine Medical Association, therefore, calls upon the Legislature and Governor of Maine to achieve and maintain universal access to regular health care services through the provision of health coverage to all Maine people by the end of 2027, through either an expansion of existing coverage options, or another creative and sustainable solution. This is an attainable goal fully aligned with the mission of the MMA.

As advocates for our patients, physicians should be an integral part of the planning to move these proposed reforms forward as quickly as possible. Health care must primarily be a public good that is available to all.

Approved by the MMA Board of Directors, June 7, 2023

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