

TESTIMONY IN FAVOR OF LD 1269

Senator Bailey, Representative Mathieson and members of the Committee. My name is Tom Sterne, and I live in Bridgton. I am a retired primary care physician, community health center leader and health economist who practiced in the Boston metropolitan area before moving to Maine. I am on the Board of Maine AllCare, and here to testify in favor of LD 1269.

This Committee, and the Health and Human Services Committee, have already heard testimony attesting to the perilous state of health care provision in Maine. There are still 80,000 without insurance. Central Maine Medical Center will become privately owned. 40% of Maine hospitals are at risk of bankruptcy. Multiple maternity units have closed. A large hospital child psychiatric evaluation unit has just closed. Battles regularly ensue between hospitals and insurers. Ponderous deductibles alter medical decision making for families. Uncontrolled pharmaceutical prices prompt patients to forego, divide and delay taking medicine. Federal and state funding cuts loom on the very close horizon. Medical debt and bankruptcies have skyrocketed. There is no eye, ear or dental coverage in basic insurance policies, as if these, too were not part of the human body. We spend double to triple on commercial administrative overhead than Medicare and Medicaid. The harsh list goes on and on...

Do member of our legislature seriously believe that the underlying forces and factors leading to our current state can be adequately tackled by taking on each of these problems separately- one by one, as each new pending threat "suddenly" arises?

In 2003, the Maine Health Security Board, established by the Legislature to develop recommendations for a universal access to health care system, received the final report from their commissioned agent Mathematica. Their microsimulation model, replete with sophisticated analyses of costs and benefit, concluded that a universal coverage single payer system was financially feasible, and the Board report found that maintaining the status quo was unsustainable.

In 2019, Maine AllCare commissioned the Maine Center for Economic Policy to again model the potential for such a system, and concluded that more robust benefits at a somewhat lower cost were achievable.

In 2023, MECEP repeated the analysis post COVID, and again found that that cost savings from administrative efficiency and other factors would result in 80% of Mainers paying less for coverage which included eye, ear and dental care. Total costs were level or slightly lower, depending on assumptions made.

Is the devil that we now know really better than the one we do not yet have? To find out, logic calls for the legislature to sanction its own study, to its own satisfaction to truly begin the process of getting us out of this impending morass. Using the well thought through LD 1883 would be a solid place to begin.

I urge that you vote "ought to pass" LD 1269. Thank you.