



**Testimony of Jessica Fay for
The Maine Council on Aging
February 26, 2026
In Support of LD 2208**

Sen Bailey, Rep. Mathieson and Members of the Health Care Insurance and Financial Services Committee,

My name is Jess Fay and I am the Policy and Advocacy Director for the Maine Council on Aging (MCOA), a broad, multidisciplinary network of over 140 organizations, businesses, municipalities, and older community members working to ensure we can all live healthy, engaged, and secure lives with choices and opportunities as we age at home and in community settings. I am here in support of **LD 2208 An Act to Offset Federal Cuts to Health Insurance for Certain Maine Families and Seniors**.

Being able to go to the doctor when we are sick or have health concerns is critical to our health and well-being. We are living longer lives and for our health to keep up with our longevity we need affordable and accessible health care. LD 2208 addresses the issue of healthcare access for older people in two specific ways: access to providers and health insurance affordability.

Finding healthcare in rural Maine is already difficult, especially for older people. Long travel times are common when accessing specialty care, hospitals and even primary care. Without access to care, people become sicker, with more advanced health issues that cost more to treat. Increasing access to services like preventative care, gerontology and dementia care in the places where older people live means less travel time, less time away from work for families and caregivers, more opportunity for care and more economic opportunity. Any plan to increase access and affordability must include the health needs of older Mainers who make up between 25-50% of the rural population depending on geographic location.¹

People over the age of 65 are eligible for Medicare but Medicare does not pay for most long-term care. Many older Mainers rely on MaineCare for long-term care, whether that care happens in a nursing home or through home and community-based services. If there is a reduction in funding for MaineCare, these services are at risk. We have already seen over 50 nursing home closures in Maine over the last 30 years. Finding care at home is next to impossible because of the severe home care workforce shortage. This workforce shortage is driven in large part by low wages which is driven by low MaineCare reimbursement rates. The care deserts that exist across rural Maine would certainly become more extensive if there was an interruption in federal funding for MaineCare. While setting aside funds for this purpose feels fiscally responsible,

¹ <https://healthyagingdatareports.org/me/healthy-aging-indicators/>

Maine must also fully fund our current care needs and plan for our future care needs. As Maine grows older that need will increase. If we do not invest now in our care workforce, more people will go without care and put an even greater strain on our rural healthcare workforce as people without care experience avoidable health problems and need to access more expensive hospital care.

This bill also addresses the healthcare needs of the pre-Medicare population aged 55-64. With the elimination of the Enhanced Premium tax credits, some older people who purchase their insurance on the exchange have seen their premiums skyrocket. People in this age bracket are also legally allowed to be charged up to 3x the base premium rate. This means that a person in their early 60's is likely to pay 3x more for their health insurance premiums than someone who is 18. Without a subsidy for example, a couple in their early 60's earning \$80,000/year who was paying \$7000 in premiums may now be paying more than \$38,000². If health insurance is unaffordable, people will go without insurance, forgo paying for preventative services, and use emergency services when things become critical.

Not having health insurance at all is risky. When older people do not have health insurance, they potentially enter the Medicare system sicker and with higher rates of advanced disease that is more costly to treat. Humans are living about 25 years longer than we were in the 1950's, according to the Lancet.³ As we know, Maine has a large and growing population of older people, some of whom will need care and support in the future. This is why we must do everything we can to invest in healthy aging. LD 2208 makes investments in the health of older rural Mainers and in the health infrastructure needed to support the health of all rural Mainers. We request that you vote this bill Ought to Pass.

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² <https://www.kff.org/interactive/subsidy-calculator/> accessed Feb.25, 2026

³ Global fertility in 204 countries and territories, 1950–2021, with forecasts to 2100: a comprehensive demographic analysis for the Global Burden of Disease Study 2021
Bhattacharjee, Natalia V et al. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00550-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00550-6/fulltext)