

Testimony in Support of LD 2196

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Chair Ingwersen, Chair Meyer, and members of the Committee on Health and Human Services,

My name is Caroline Thompson. I am a resident of Bath, Maine; a mother to a little girl who turns five this week; a person living with epilepsy; a social work student at the University of Southern Maine; and an intern with the Integrated Behavioral Health Team at Northern Light Mercy Hospital.

As a Mainer, I am often filled with pride in how we take care of one another. Policies such as Universal Free School Meals, Paid Family and Medical Leave, and expanded access to MaineCare for pregnant women reflect our belief that no family should be pushed to the brink because of circumstances beyond their control.

Expanded MaineCare eligibility during pregnancy protected my family at one of the most vulnerable times in our lives. During my pregnancy, my previously mild epilepsy escalated, resulting in three tonic-clonic seizures and emergency room visits. Because we qualified for MaineCare, we were shielded from overwhelming medical bills. But our eligibility came down to income thresholds. If we had earned just slightly more, we could have fallen outside the cutoff and faced significant financial strain as we prepared to welcome our child. LD 2196 addresses exactly this kind of coverage cliff — where working families earn too much to qualify for MaineCare, yet not enough to realistically afford comprehensive private coverage.

In my work as a community resource navigator, I see these gaps every day. Patients are identified by their primary care providers as needing higher levels of mental health care, yet they do not qualify for MaineCare and cannot afford marketplace premiums, deductibles, or copays. They are technically insured — or technically ineligible — but practically unable to access the care they need. I often refer clients to out-of-state telehealth providers because local services are financially out of reach. These are working Mainers who fall squarely into the gap LD 2196 seeks to narrow.

As a mother enrolled in a Bronze marketplace plan, I have also experienced the strain of high deductibles and out-of-pocket costs. I have found myself asking whether seeking care for my daughter is worth the expense. No parent sitting with a child who has been vomiting every few minutes for hours should have to calculate the financial impact in that moment.

And the situation I found myself in is not unusual. Anyone who has raised young children knows how frequently they get sick — stomach bugs, ear infections, fevers, respiratory illnesses. Early childhood often means repeated doctor visits, urgent care trips, and sometimes emergency care. The question of affordability becomes a recurring stressor for families with young children, not a rare event. LD 2196 recognizes that health care needs are not isolated incidents; they are part of ordinary family life.

This bill is about preventing families from falling into coverage gaps during entirely predictable life stages — pregnancy, early childhood, chronic illness. It strengthens Maine's commitment to ensuring that working families are not forced to make medical decisions based on fear of financial fallout.

I urge you to pass LD 2196 and continue the proud tradition of Mainers helping Mainers.

Thank you for your time and consideration.