



**LEGAL SERVICES
FOR MAINE ELDERS**

Testimony of Hanna Sanders, Esq. before the Health & Human Services Committee
LD 2196 – An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and
Ensure Fair Prices for Health Care

March 5, 2026

Good afternoon Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee.

My name is Hanna Sanders, and I am testifying on behalf of Legal Services for Maine Elders. LSE a statewide non-profit agency that provides **free** legal assistance to Mainers over the age of 60 when their basic human needs are at stake. Our clients are typically low-income, and therefore particularly vulnerable to rising health care costs and overly aggressive cost-control measures. We testify today in favor of LD 2196, with recommendations for Part B outlined below.

Recent data from the *Maine Shared Community Health Needs Assessment (MSCHNA)* indicates that 29% of Mainers between the ages of 65 and 74 have **three or more chronic conditions** as defined by this bill. This figure rises to 35% for Mainers 75 years or older.

Arthritis is one of the frequently reported chronic conditions among adults in Maine, along with heart disease, hypertension, and diabetes. As a case study, let's look at rheumatoid arthritis, a debilitating medical condition where the immune system attacks the joint tissue. Many immunosuppressant medications prescribed for rheumatoid arthritis require specific prior authorization from an insurance plan before approval.

“Step therapy” may also be required, where the patient must demonstrate that initial treatments with lower-cost medications were ineffective or harmful, an often painful process that can take several months before medications are stabilized.

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After medications are stabilized, the patient will repeatedly encounter a re-fill “spin cycle” as a prior authorization request moves through the busy pharmacy, to the understaffed doctor’s office, and back to the pharmacy, a process that can take several days before the specific criteria required by the authorization is met. In the past, our LSE staff have had to advise symptomatic clients to seek emergency room care while their medications re-fills are pending.

This is an example of just one chronic condition, rheumatoid arthritis. Compound this anxiety-laden experience for the tens of thousands of elderly Mainers who have been diagnosed with three or more chronic conditions, and you have a system that appears to prioritize corporate profits over the health, safety, and well-being of our state’s most vulnerable citizens.

You have heard proposals for a minimum validity of prior authorization for five years, three years, and two years. LSE supports the establishment of a minimum period of validity for chronic conditions, and we suggest that this standard be three (3) years. We respectfully ask this Committee to consider amending the frequency requirement in Part B of LD 2196 accordingly. Thank you.

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