



# Consumers for Affordable Health Care

Advocating the right to quality, affordable  
health care for every person in Maine.

P.O. Box 2490  
Augusta, ME 04338

Telephone: 1-800-965-7476  
207-622-7083

Fax: 1-888-214-5233

Website: [www.maine cahc.org](http://www.maine cahc.org)  
Email: [policy@maine cahc.org](mailto:policy@maine cahc.org)

**February 23, 2021**

**Testimony in Support of D 274, Resolve, Directing the Maine Health Data Organization To  
Determine the Best Methods and Definitions To Use in Collecting Data To Better Understand  
Racial and Ethnic Disparities  
in the Provision of Health Care in Maine**

**Ann Woloson, Executive Director, Consumers for Affordable Health Care**

Senator Sanborn, Representative Tepler, and the members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. I am Ann Woloson, Executive Director at Consumers for Affordable health Care (CAHC). CAHC is a Maine-based nonpartisan, nonprofit organization with the mission of improving access to quality and affordable health care and coverage for people living in Maine.

CAHC is designated by the Attorney General as Maine's Health Insurance Consumer Assistance Program. We operate a statewide toll-free confidential HelpLine staffed by trained experts who provide assistance to Mainers in understanding their health coverage options and help people enroll in and apply for private Marketplace and public health insurance coverage. Consumer Assistance Program staff provide training to and work closely with other organizations involved in getting the word out about coverage options, including Maine hospitals, community health centers, community action programs and social service organizations. We also work closely with organizations serving communities that experience racial and ethnic disparities in accessing the health coverage and care they need, including for example, Maine Access Immigrant Network, Wabanaki Public Health and New Mainers Public Health Initiative. The outreach, education and enrollment work we are engaged in is, in part, what is driving our support of LD 274.

It is true that inequities in our health care system have existed for far too long. The pandemic has shed even greater light on the many problems and inequities existing in our state that create barriers many in Maine face accessing the coverage and health care they need, not only to combat COVID but also in accessing the preventive, acute and ongoing health care many others take for granted.

An article published this past January in the New England Journal of Medicine<sup>1</sup> (Catalyst Innovations in Care Delivery) makes the point that the lack of accuracy and incompleteness of race, ethnicity, and language (REAL) data in health records are long-standing issues that limit progress toward eliminating health inequities. It contemplates the development of a dashboard to track racial, ethnic, and language metrics for patients with coronavirus within the community

---

<sup>1</sup> [A Systems Approach to Addressing Covid-19 Health Inequities](https://doi.org/10.1056/CAT.20.0374), Vol. 2 No. 1 | January 2021, NEJM Catalyst Innovations in Care Delivery 2021; 01DOI: <https://doi.org/10.1056/CAT.20.0374>

and within the health care organization as an essential tool for discovering, addressing, and resolving health disparities.

In an article published by the American Medical Association last August, Sarah Berg describes longstanding inequities that have placed marginalized and minority communities at an increased risk of severe outcomes from COVID-19 and that the pandemic continues to highlight the troubling fact that there are larger structural and social drivers of health inequities persistent in Black and Latinx communities. It concludes that science and data can be used to address inequities that continue to plague the U.S. health system.<sup>2</sup>

We believe this resolve takes a much-needed step in helping our state to better understand and address the inequities many face in accessing health care and health coverage. We believe placing the responsibility to determine best methods and definitions to use in collecting data to assist in analyzing the origins of racial and ethnic disparities with the Maine Health Data Organization (MHDO) makes sense. We do suggest, however, that MHDO also consult with other entities and organizations engaged in collecting data and working to reduce inequities, such as the Maine CDC, and perhaps, the Maine Public Health Association, prior to making its suggestions to this committee.

Thank you.

---

<sup>2</sup> [How to tackle health inequities with science, data during pandemic](#), AMA, August 13, 2020