



**Written Testimony of Jess Maurer on Behalf of
the Maine Council on Aging
To Joint Standing Committee on
Health Coverage, Insurance and Financial Services**

**In support of LD 120 –
An Act To Lower Health Care Costs through the Establishment
of the Office of Affordable Health Care**

Delivered on April 13, 2021

Greetings Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance & Financial Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 100 organizations, businesses, municipalities, and older Mainers working together to make sure we all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities.

We are in support of LD 120 because the establishment of the Office of Affordable Health Care would encourage a coordinated, nonpartisan, and data-driven approach to moderating health care costs which would benefit Mainers of all ages. A comprehensive and unbiased examination of health care costs and quality is an essential first step to their improvement. Recommendations for reform based on analysis of Maine-specific data from this nonpartisan office would provide credible and unbiased alternatives for legislative consideration on the difficult and growing problem of rising health care costs.

The Office of Affordable Health Care is also charged with analysis and recommendations to improve consumer experience with the health care system. While people of all ages are consumers of health care services, older people are more likely to be engaged with the health care system more frequently and extensively than younger people. Older people would not only benefit from efforts to improve the system, but also will have a great deal to offer to help make processes more consumer friendly for everyone.

An examination of health care costs and quality would inevitably show that affordable "health care" is dependent on more than just the costs of hospitals, doctor visits, lab tests, and pharmaceuticals. While health care access and quality is one factor that determines one's health status, other factors – "social health needs" – are even more important. With a solid grounding in data, the Office of Affordable Health would be well-positioned to make recommendations on legislation to build an integrated statewide system of formal and informal supports that

prioritizes low cost/high value interventions to address the critical community needs in our currently fragmented and uncoordinated 'system.'

Health care and community supports are in desperate need of transformational improvement. These systems should be easily able to share information and resources to coordinate care and services, and support health. For instance, when a person falls and is assisted by EMS, but not transported to a hospital, the incident is not recorded in the person's electronic health record, the cause of the fall is unexplored and unresolved, and the person may fall again, this time resulting in serious injury or death. In fact, falls is the leading cause of fatal and nonfatal injuries of people over 65 in the U.S. People with a history of falls are two to six times more likely to fall again. Non-injurious falls are the pre-cursor to potentially life-threatening events, and are an opportunity for health care and community services intervention. It should be that every fall in Maine is immediately included in a person's electronic health record, with immediate follow-up by professionals trained to respond in reducing future falls.

We are a long way from this reality, but the establishment of the Office of Affordable Health Care would be a positive step toward identifying needed system reforms like this one. Falls is only one cost-driver out of many that could be improved, not only to reduce overall health care costs, but also to increase the quality of life and productivity of older people who are needlessly harmed by the lack of coordinated care in this state and country.

We urge a vote in support of LD 120.

Thank you.

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