



# HOUSE OF REPRESENTATIVES

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**Heidi E. Brooks**

## **Testimony introducing LD 1045: An Act To Support Universal Health Care**

Good morning Senator Sanborn, Representative Tepler and members of the Health Coverage, Insurance and Financial Services Committee. My name is Heidi Brooks. I represent House District 61, part of Lewiston and serve with my colleagues on this committee. I am introducing LD 1045: An Act To Support Universal Health Care.

The bill is modeled after a bill introduced in Minnesota by Senator John Marty. It was adapted to Maine and received a lot of support last session during the public hearing. This session I worked with Maine AllCare to make improvements in the bill.

When I refer to Universal Health Care, the goal is to have every Maine resident covered. Our current healthcare system leaves too many people uninsured and under-insured. One of the most common causes of bankruptcy is medical debt. Even before our current global pandemic, too many Americans were suffering unnecessary consequences of inadequate medical care. As a primary care physician, our goal was to prevent disease, to diagnose illnesses at the earliest possible encounter and to coordinate care. We were trained to follow evidence-based medicine.

As a patient, family member and advocate, I have experienced my health deteriorate as a result of losing healthcare coverage. I used to think that “medically-necessary” meant that a healthcare provider recommended a course of treatment to benefit a person’s health. A

provider and patient discuss possible medications to prevent and treat disease. Far too many of us face heartbreaking choices between needed healthcare expenses, food, shelter and utilities.

During the COVID-19 global health crisis, it has never been clearer that we need to acknowledge that healthcare as a human right, instead of a market-based, exclusive privilege. Deadly, highly contagious pandemics demonstrate how much we need to have equitable access to healthcare.

Millions of Americans lost their employer sponsored insurance. Millions of others didn't have coverage or were underinsured before the global pandemic. With high deductible plans, many are unable to afford medical care.

While serving on this committee, I learned about the profits in medicine. During my first term, I was able to sponsor a bill that opened my eyes regarding pharmacy benefit managers. Small, independent pharmacies actually lose money when they fill certain prescriptions. Pharmacy benefit managers get "rebates" from some more expensive brand-name medications. I learned that formularies are largely based on the most profitable rebate systems. There are virtual monopolies with pharmacy benefit managers.

There are other abuses in our market-based system. People are turned away due to not being able to afford the medical care. Some providers don't accept MaineCare. Prior authorizations and denials of coverage are common. Navigating our current system is very challenging and far too many of us are left behind.

LD 1045 seeks to provide comprehensive coverage for all Maine residents. This is accomplished by developing the Maine Health Care Plan. This includes several areas that are siloed and too often not affordable for Mainers, such as dental, vision, hearing and other critical healthcare treatments.

The Maine Health Care Board would be established as outlined on page 10 of the bill, section 7510. The Board would establish the Maine Health Care Fund to implement the Maine Health Care Plan. Premiums will be based on ability to pay. Other sources of income would be pursued, such as premium subsidies under the Affordable Care Act. The Governor and the Commissioner of the Department of Health and Human Services and the Commissioner of Economic and Community Development will seek all necessary waivers, exemptions, agreements and legislation required that all applicable federal payments to the State will be paid directly to the Maine Health Care Fund.

The Maine Health Care Plan is secondary to federal government programs unless funding for these programs is transferred to the Maine Health Care Fund. Cost sharing is not allowed, except with room and board at long-term care facilities where income and assets are over the amount to qualify for assistance. Balance billing is not allowed for providers accepting the Maine Health Care Plan.

It is time to acknowledge the fatal flaws in our current health care system. Medicine was never intended to be an exclusive privilege reserved for only the wealthiest Americans. With our global pandemic, we need to come together to address the health inequities that are getting worse.

Thank you for your serious consideration of this overdue, transformative measure.

District 61      Lewiston (part)

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Lewiston

I am introducing the legislation as the Sponsor.