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Testimony of Rep. Richard Evans Introducing LD 1390, “An Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace”

May 12, 2021

Good morning Senator Sanborn, Representative Tepler and fellow members of the Health Coverage, Insurance and Financial Services Committee. I am Representative Richard Evans, and I represent seven communities in Piscataquis County. I am here today to introduce LD 1390, “An Act To Maximize Health Care Coverage for the Uninsured through Easy Enrollment in the MaineCare Program or in a Qualified Health Plan in the Marketplace.”

As a physician and surgeon, I have always believed that “health is the first wealth.” To begin the process of attaining that goal, the first and most important step involves access to health care. In 2018, 27.9 million, or 10.4% of the national population was uninsured, up from 10.2% in the previous year. In 2018, 8.0% or more than 100,000 Maine residents were uninsured.

As a result of a citizen’s referendum in 2017, Maine was finally granted full authority by the Centers for Medicare and Medicaid Services to fully enact Medicaid expansion in 2019. This authority was retroactive to July 2018 which was the date indicated in the 2017 ballot initiative. This Medicaid expansion allowed for approximately 70,000 uninsured Mainers to be eligible for direct access to health care coverage with an ensuing decrease in the number of uninsured to 8%.

It is important to realize that these statistics reflect pre-pandemic numbers. According to the Kaiser Family Foundation, the most recent statistics reveal that the number of uninsured in Maine is now back up to 10.2%.

As many of you may know, in 2019 the Administration announced that Maine is in the process of transitioning to becoming its own State Based Marketplace. This decision will provide Mainers who currently purchase health insurance for themselves more flexibility in their decision making, and will enable Maine to invest resources otherwise going to the federal government in targeted efforts to enroll more Mainers in affordable health care programs. Having its own state-based exchange makes it much easier for a state to implement the process of easy-enrollment. Maine’s current program remains tethered to the federal program, limiting our flexibility in meeting the needs of those who are under-insured and uninsured. Other states that have pursued a state-based model have both enrolled more people and lowered health insurance costs.

District 120: Atkinson, Brownville, Dover-Foxcroft, Medford, Milo, the Plantation of Lake View and the unorganized territory of Orneville Township

The goal of LD 1390 is to meet people where they are. Too often, individuals and families find that trying to navigate the system by themselves becomes overwhelming and perplexing. They simply give up, postponing necessary preventive care because they cannot access the system or get the help that they so desperately need. Others do not have a computer and many more do not have broadband access. Still others simply cannot afford the associated costs of health care, and their primary source of care becomes the emergency room. This should not have to happen, but for many it is their only recourse. The health care “churn” is not only burdensome, but it is also disruptive to patient care continuity and can lead to poorer health outcomes.

The goal of LD 1390 is for Maine to be more innovative and more proactive in addressing the plight of the uninsured, a problem that has been made worse by the pandemic for those already uninsured, as well as those who have lost their jobs and job-related health insurance. This bill would also identify people who may qualify for low cost or no cost coverage of which they may be completely unaware.

It is my belief that we are at a point in time where we, as a state, have a tremendous opportunity to do the greatest good for the greatest number of Mainers. As I noted in my opening, LD 1390 is about providing easy access to health care. That access should be as seamless, targeted, and streamlined as possible. Although there is much more to be done, the implementation of a state-based program with targeted and focused attention to those most in need is a good place to start.

I thank you for your attention and I would be happy to answer any questions.