



## **Testimony of The Leukemia & Lymphoma Society**

### **In favor of LD 372 "An Act To Provide Maine Children Access to Affordable Health Care"**

**February 24<sup>th</sup>, 2021**

The Leukemia & Lymphoma Society (LLS) is pleased to submit the following testimony to the Joint Standing Committee on Health and Human Services in favor of LD 372 "An Act To Provide Maine Children Access to Affordable Health Care". We believe this bill represents a significant opportunity for the state to ease the burden of maintaining health coverage for thousands of Maine families, including those facing the terrifying prospect of a child diagnosed with cancer.

At LLS, our mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS exists to find cures and ensure access to treatments for blood cancer patients.

Some of those blood cancer patients are children. Blood cancers, including leukemia, non-Hodgkins lymphoma, and Hodgkins lymphoma, are among the most common types of cancer diagnosed in children and young adults, and leukemia alone accounts for nearly a quarter of all cancers diagnosed in people under the age of 20.<sup>1</sup>

The good news is that advancements in research and treatment of these conditions have led to significant improvements in survival rates for pediatric cancer patients. That depends, however, on having access to the health care services necessary to catch, diagnose, and treat the disease in a timely fashion – and access to care starts with access to coverage.

There are, at present, a number of roadblocks standing between families and full access to the Children's Health Insurance Program (CHIP) coverage – or, as it is called in Maine, CubCare – which provides coverage access to children in families whose income is too high to qualify for traditional Medicaid. LD 372 presents an opportunity to remove those roadblocks and extend stable, comprehensive, and affordable coverage to thousands more children in Maine.

The first is premiums. Research has demonstrated that even relatively small premiums and cost barriers can have an outsized impact on the ability of enrollees to access and use health coverage. In a review of research findings regarding premiums in Medicaid and CHIP programs, the Kaiser Family Foundation cites no fewer than 35 separate studies, analyses, and research articles which demonstrate that premiums in these programs reduce enrollment.<sup>2</sup> That same research review also found that states see

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<sup>1</sup> "Childhood Blood Cancer Facts and Statistics." The Leukemia & Lymphoma Society. Available at: <https://www.lls.org/facts-and-statistics/overview/childhood-blood-cancer-facts-and-statistics>

<sup>2</sup> Artiga, Samantha, Petry Ubri, and Julia Zur. "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings." Kaiser Family Foundation. June 2017. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>



little to no program savings as a result of imposing premiums or cost-sharing. LLS supports eliminating these unnecessary premiums to remove a significant impediment to CHIP coverage for children in Maine.

LLS also supports the elimination of the current mandatory waiting period between loss of other coverage and eligibility for CHIP. Maine is one of only 13 states that still imposes these lockouts.<sup>3</sup> Cancer diagnoses and treatment plans don't wait for insurance coverage to resume before they appear. Receiving a new cancer diagnosis during a mandatory waiting period could be devastating to a child's well-being or a family's finances, and no family should be put in the position of weighing bankruptcy against delaying their child's treatment because of a waiting period. Waiting periods are also unique to CHIP, as "traditional" Medicaid coverage does not impose them. This could cause confusion for families who make life changes, such as switching jobs or becoming self-employed, without realizing that their new income bracket could disrupt their child's health care access based on their previous experiences with traditional Medicaid.

LLS also supports the expansion of CHIP eligibility to 300% of the federal poverty limit. Providing thousands of families in Maine with a broader income range to qualify for CHIP will maximize coverage continuity and stability for children whose household incomes fluctuate below 300%. We believe that this continuity and stability is vital to ensure that parents and children have access to the care and coverage they need when they need it.

We urge the members of the Committee to vote **ought to pass** on this bill.

If you have questions about LLS's position on this matter, or would like further information from LLS, I can be reached at [steve.butterfield@lls.org](mailto:steve.butterfield@lls.org) or 207-213-7254.

Sincerely,

Steve Butterfield  
Regional Director, Government Affairs  
The Leukemia & Lymphoma Society

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<sup>3</sup> Brooks, Tricia. "Now is the Time to Remove CHIP Waiting Periods and Welcome Kids into Coverage." Georgetown University Health Policy Institute Center for Children and Families. April 2020. Available at: <https://ccf.georgetown.edu/2020/04/17/now-is-the-time-to-remove-chip-waiting-periods-and-welcome-kids-into-coverage/>