



**Statement of Kate Ende, Policy Director  
Consumers for Affordable Health Care**

**To the Joint Standing Committee on Health and Human Services  
LD 372: An Act To Provide Maine Children Access to Affordable Health Care**

Senator Claxton, Representatives Meyer, and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to submit these comments in support of LD 372, An Act To Provide Maine Children Access to Affordable Health Care.

My name is Kate Ende and I am the policy director at Consumers for Affordable Health Care (CAHC), a nonpartisan, nonprofit organization that advocates for Maine people to be heard, respected, and well-served in a health system that provides coverage, access and quality, affordable care to all.

As designated by Maine's Attorney General, CAHC serves as Maine's Consumer Assistance Program for health insurance and as such, we operate a toll-free confidential HelpLine staffed by trained experts in eligibility and enrollment in private and public health insurance coverage. We answer questions about eligibility, help people apply for and enroll in health coverage, including private Marketplace health plans, and assist with other issues regarding insurance and accessing care, including helping people file complaints and appeal coverage denials. We also serve as the Ombudsman program for Maine's Medicaid program, MaineCare, and help people with applying for and navigating the enrollment process for MaineCare coverage, and with transitioning to new coverage after the loss of MaineCare. It is our experience assisting Mainers in navigating the health care and coverage systems that drives our support for this bill today.

This bill would make changes to Maine's Children's Health Insurance Program (CHIP), including increasing the maximum eligibility level for family income from 200% of the federal poverty level (FPL) to 300% FPL, providing coverage to 19- and 20-year-olds, and closing eligibility gaps to ensure all income-eligible children in Maine can qualify. It also removes barriers families with children often face in accessing coverage, through eliminating the 3-month waiting period for enrollment in coverage after the loss of other health insurance and repealing premium payments for CHIP coverage.

MaineCare and CHIP help ensure Maine kids are able to get the care they need to be healthy, and to reach their full potential. Studies show that kids with health insurance are more likely to get the medical care they need, including essential preventive services to keep them healthy. Insured children are also better equipped to do well in school.

Research shows that premiums can serve as a barrier to obtaining and maintaining insurance for people with low incomes, including children.<sup>1</sup> Removing premium requirements and expanding eligibility to 300% would allow more families to enroll in and benefit from affordable health coverage. Many children who are just over the income limit for CHIP do not have other options for affordable coverage. While some children may qualify for subsidies for private coverage through the Marketplace, these subsidies are often not sufficient to make premiums and out-of-pocket cost-sharing amounts truly affordable for families. Furthermore, many children, such as those who fall into the "family glitch" are not eligible for subsidized Marketplace plans and have no other affordable coverage options available. Medicaid/CHIP

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<sup>1</sup> <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>



programs in 18 states and the District of Columbia have income eligibility limits for children that are 300% FPL or higher.<sup>2</sup>

Most other states have also removed barriers, such as waiting periods for CHIP.<sup>3</sup> The majority of families we hear from through our HelpLine with children who are income-eligible for CHIP, already meet one of the exceptions to the waiting period, but oftentimes still experience gaps in coverage due to waiting period requirements. Even though there are some exceptions to wait-periods, those exceptions create administrative complexities that make it virtually impossible to ensure that children will not face a gap in coverage.<sup>4</sup> Research also shows that the administration of waiting periods create an unnecessary burden on state agencies.

We respectfully suggest amending the language in Sec. 3 §3174-T (2-B), to so that all noncitizen children who are not eligible for Medicaid can qualify for CHIP if their family income falls below the established maximum eligibility level. Some children in Maine currently cannot qualify for MaineCare or CHIP, due to immigration status, even if their family income is below the eligibility level for Medicaid. The provisions in Section 3 of this bill would help close the gap in coverage for some children, but only those with incomes over the limit for Medicaid. Therefore, we suggest making the following change:

**2-B. Noncitizens.** Health coverage under the Cub Care program is available to a person under 21 years of age who is not a citizen of the United States and who is not eligible for Medicaid whose family income is above the eligibility level for Medicaid under section 3174-G and whose family income is below the maximum eligibility level established under subsection 2, paragraphs A and B and who meets the requirements set forth in subsection 2, paragraph C. All the requirements of eligibility, program administration, benefit delivery and outreach established in this section apply to a person under 21 years of age who is not a citizen of the United States.

This language change would help close the coverage gap for all children who are income-eligible for CHIP that aren't otherwise covered by Medicaid.

Health coverage is vitally important for children. It improves their access to needed services, such as well-child checkups and medications, and provides better access to a usual source of care. Public coverage is also associated with improved educational outcomes and long-term health and economic gains.<sup>5</sup> For these reasons, we urge the Committee to support this bill to help expand access to comprehensive health coverage for Maine children who are still falling through the cracks of our existing system.

Please do not hesitate to contact me with any questions at [kende@mainecahc.org](mailto:kende@mainecahc.org) or 207-480-2136.

Thank you.

Kate Ende

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<sup>2</sup> <https://www.kff.org/medicaid/state-indicator/medicaidchip-upper-income-eligibility-limits-for-children/?currentTimeframe=0&selectedDistributions=january-2020&sortModel=%7B%22colId%22:%22January%202020%22,%22sort%22:%22desc%22%7D>

<sup>3</sup> <https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey-medicaid-chip-eligibility/>

<sup>4</sup> <https://ccf.georgetown.edu/wp-content/uploads/2017/05/Making-Kids-Wait-for-Coverage-Makes-No-Sense-in-a-Reformed-Health-System-2017.pdf>

<sup>5</sup> Medicaid is a Smart Investment in Children (Washington, D.C.: Georgetown University Center for Children and Families, March 2017)