



Testimony of Rita Furlow  
 Maine Children’s Alliance  
 Before the Joint Standing Committee on Health and Human Services  
 LD 372  
 An Act to Provide Maine Children Access to Affordable Health Care  
 February 23, 2021

Senator Claxton, Representative Meyer and esteemed members of the Health and Human Services Committee, my name is Rita Furlow. I am the Senior Policy Analyst at the Maine Children’s Alliance. I am here today in support of LD 372, An Act to Provide Maine Children Access to Affordable Health Care. The Maine Children’s Alliance is a statewide non-partisan, non-profit research and advocacy organization whose mission is to promote sound public policies to improve the lives of children, youth, and families in Maine.

Our entire state benefits when more Maine children have access to quality, affordable health care coverage, because healthy children and families lead to strong and vibrant communities. When children and families can see a doctor when they are sick, get regular checkups and access preventive care, they can be on track to become healthy, successful adults.

Unfortunately, too many Maine children are without health insurance. While Maine’s rate of uninsured children is similar to the national average, it is the highest rate of uninsured children in New England. It is no coincidence that, at 213% FPL, Maine also has the strictest threshold for CHIP eligibility of the New England states.

### Children without health insurance by age group in New England

Location	Age group	Data Type	2017	2018	2019
Connecticut	Total 18 and below	Number	24,000	20,000	27,000
	Total 18 and below	Percent	3%	3%	3%
Maine	Total 18 and below	Number	13,000	15,000	15,000
	Total 18 and below	Percent	5%	5%	6%
Massachusetts	Total 18 and below	Number	22,000	18,000	22,000
	Total 18 and below	Percent	1%	1%	2%
New Hampshire	Total 18 and below	Number	6,000	7,000	10,000
	Total 18 and below	Percent	2%	3%	4%
Rhode Island	Total 18 and below	Number	5,000	5,000	4,000
	Total 18 and below	Percent	2%	2%	2%
Vermont	Total 18 and below	Number	2,000	2,000	3,000
	Total 18 and below	Percent	2%	2%	2%

DATA PROVIDED BY National KIDS COUNT<sup>1</sup>

<sup>1</sup> Children without health insurance by age group in the United States The Annie E. Casey Foundation, KIDS COUNT Data Center,  
**Definitions:** Children under age 19 not covered by any health insurance by age group. The data are based on health insurance coverage at the

The Children's Health Insurance Program (CHIP) provides cost-effective, high-quality health care to Maine's uninsured children, ensuring that they can receive preventive, consistent care during a critical time in their growth and development.

With a strong commitment from Congress with the re-authorization of CHIP in 2018, we have an opportunity before us to leverage full federal matching dollars to improve and expand health care coverage to more Maine children. Nineteen states and DC expanded eligibility to children at least 300% of FPL as of 2020,<sup>2</sup> and Maine should join in that effort now to make CHIP accessible to more Maine children.

Through this legislation, we can make this critical health care program available to more Maine children. CHIP can offer the kind of comprehensive care children need, unlike the variable coverage provided by most employer or marketplace plans.

Access to health insurance for kids leads to increased use of preventive care services, including developmental and lead screenings, immunizations, and early intervention for health problems. And for older adolescents and youth, the routine care provided by CHIP can provide them with important access to mental health diagnoses and treatment, substance use disorder treatment, and family planning services.

This is especially important in bringing coverage to 19- and 20-year-olds. In this critical time of transition into adulthood, these young people need continuity of coverage to keep them healthy and moving into adulthood with the care and access to services they need to be successful.

Research has also shown a connection between children with public health care coverage and greater educational, long-term health and economic outcomes.<sup>3</sup> This includes: decreased high school dropout and increased college attendance and completion rates; decreased risk of medical debt that might put families into poverty, thus shielding children from the trauma and ACEs associated with growing up in poverty; and economic benefits into adulthood, including increased employment. These long-term positive outcomes indicate how important and impactful ensuring access to comprehensive, continuous health care for children is to their future success.

LD 372 would also extend CHIP eligibility to non-citizen children, who are a vibrant and integral part of our communities now and in the future. In an aging state with more deaths than births, now more than ever, we need to invest in all children in Maine, to ensure they can reach their full potential and contribute to our future economy.

Expanding CHIP can be a workforce tool, as well, attracting more young families looking to raise their children, work, and contribute to a state that values the health and well-being of its children through access to health care.

Investing in the health of Maine's youngest children will ensure that they can reach their full potential, on a path to lifelong health and long-term positive academic and economic outcomes. Expanding CHIP and removing barriers to access and enrollment through the passage of this legislation will provide that for more Maine children. And that means a brighter, more prosperous future for our state as a whole.

Thank you for your consideration and attention to this important issue.

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time of the survey; interviews are conducted throughout the calendar year. Children receiving health insurance through a variety of State Health Insurance Programs (SCHIP) are counted as having health insurance. **Data Source:** Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2017, 2018, and 2019 American Community Survey. These data are derived from data available in ACS table B27001. **Footnotes:** Updated September 2020

2. Medicaid and CHIP eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey  
<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/>

3. Medicaid is a Smart Investment in Children <https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf>  
and New CCF-Commonwealth Fund Report Highlights Long-Term Benefits of Medicaid Coverage for Pregnant Women and Children  
<https://ccf.georgetown.edu/2020/12/09/new-georgetown-university-ccf-commonwealth-fund-report-highlights-long-term-benefits-of-medicaid-coverage-for-pregnant-women-and-children/>

Also see: New CCF-Commonwealth Fund Report Highlights Long-Term Benefits of Medicaid Coverage for Pregnant Women and Children at:  
<https://ccf.georgetown.edu/2020/12/09/new-georgetown-university-ccf-commonwealth-fund-report-highlights-long-term-benefits-of-medicaid-coverage-for-pregnant-women-and-children/>