

TESTIMONY OF MICHAEL KEBEDE, Esq.

LD 372 – Ought to Pass

An Act To Provide Maine Children Access to Affordable Health Care

Joint Standing Committee on Health and Human Services

February 24, 2021

Senator Claxton, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, good morning. My name is Michael Kebede, and I am policy counsel for the American Civil Liberties Union of Maine, a statewide organization committed to advancing and preserving civil liberties guaranteed by the Maine and U.S. Constitutions through advocacy, education, and litigation. On behalf of our members, we urge you to support LD 372. This bill would help Maine take a small but crucial step toward healing our young people.

This bill would make numerous necessary changes to the children’s health insurance program (CHIP), also known as Cub Care. It would raise the income thresholds necessary to qualify for CHIP, remove the harmful and unnecessary three-month waiting period to join CHIP after losing private health insurance, remove the asset test, extend coverage to non-citizens under 21 and people aged between 19 and 20, eliminate the out-of-pocket payments that erode the meaning of “insurance” for certain families, and direct the Maine Department of Health and Human Services to submit any waivers to the federal DHHS that are necessary to accomplish the bill’s goals.

All these changes would almost certainly lead to better health outcomes for our children. In particular, expanded CHIP benefits would lead to better youth behavioral health, which is a necessary component of reducing the harmful impact of our criminal legal system.¹ According to perhaps the most rigorous study about juvenile justice ever conducted in Maine,

¹ Cub Care Fact Sheet, Maine Department of Health and Human Services, <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/CubCare-CHIP-Fact-Sheet.pdf> (stating that CHIP covers behavioral health services).

well over half of incarcerated youth have a recent history of mental or behavioral illness.² 69% of youth currently committed in Long Creek received behavioral health services through MaineCare the year before they were committed.³ 71% of that group received the most intensive form of behavioral health services.⁴ For too many Maine children, the juvenile justice system has become the default provider of behavioral and mental health services. And yet, correctional officers are not mental health service providers. To remedy this problem, the task force recommended strengthening the continuum of community health programs.

This bill would help do just that by strengthening our crucial child health insurance program. We urge you to vote *ought to pass*.

² Maine Juvenile Justice System Assessment & Reinvestment Task Force Report at 9, available at <https://irp-cdn.multiscreensite.com/de726780/files/uploaded/Maine%20Juvenile%20Justice%20System%20Assessment%20FINAL%20REPORT%202-25-20.pdf>, see generally Maine Juvenile Justice System Assessment & Reinvestment Task Force, Website, available at www.mainejjtaskforce.org/about. The taskforce was created by the 129th Legislature's LD 1108, which is available at <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0812&item=1&snum=129>.

³ Task Force Report at 9.

⁴ *Id.* at 107.