

KOZAK & GAYER, P.A.



MAINE OFFICE

157 CAPITOL STREET, SUITE 1
AUGUSTA, MAINE 04330
TEL: (207) 621-4390
FAX: (207) 621-4394

COLORADO OFFICE

134 F STREET, SUITE 207
SALIDA, COLORADO 81201
TEL: (719) 207-4440
FAX: (719) 207-4466

WWW.KOZAKGAYER.COM

Michael A. Burian
Admitted in Maine and Massachusetts

Charles F. Dingman
Admitted in Maine

Taylor D. Fawns
Admitted in Maine

Steven L. Johnson
Admitted in Colorado, Maine, New Hampshire, and Vermont (Inactive)

Joseph M. Kozak
Admitted in Maine, New Hampshire, and Vermont

Benjamin P. Townsend
Admitted in Maine, New Hampshire, and Vermont

Michael D. Seitzinger (Of Counsel)
Admitted in Maine

Gordon K. Gayer (Of Counsel)
Admitted in Maine

April 15, 2021

(ned.claxton@legislature.maine.gov)

Sen. Ned Claxton, Senate Chair

(Michele.Meyer@legislature.maine.gov)

Rep. Michele Meyer, House Chair

Health and Human Services Committee

Augusta, Maine 04333

RE: LD 718, An Act To Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program and the Children's Health Insurance Program

Dear Sen. Claxton and Rep. Meyer:

On behalf of the Maine Primary Care Association (“MPCA”), I am writing to provide for your file a written summary of my testimony this morning in full support of LD 718. Because you indicated that Ms. Kilkelly's testimony did not appear to be in the file, you will find a copy of that testimony attached. As I noted this morning during the hearing, Ms. Kilkelly's testimony focuses on the vital importance of providing health care coverage to *all children*, given the potential for such coverage to make dramatic differences in their lives and to reduce the burden on our healthcare system over time. Ms. Kilkelly's testimony provides examples of the long-term damage that depriving children of health care can have on their future health status and the corresponding benefits of covering those children's healthcare, thereby reducing costs such as those driven by hospital emergency department utilization.

It is equally important that the Committee support the elimination of MaineCare adult coverage gaps as proposed in LD 718, which would extend coverage to all adults who are income eligible for MaineCare, even that modest number of individuals for whom Maine cannot receive federal matching funds due to their immigration status. As I noted in my brief oral remarks, and as testimony provided by the Maine Mobile Health Program explained in further



Named by *Best Lawyers*® and *U.S. News & World Report* as a Tier 1 Law Firm in Administrative/Regulatory Law for 2021

detail, a substantial portion of Maine's low-wage workforce in important sectors of our economy are denied MaineCare coverage because of their immigration status, yet these workers contribute in crucial ways to Maine's overall productivity. Welcoming and supporting these workers – not least by ensuring that they receive all the health care they need – is essential if Maine's economy is to recover from the COVID-19 pandemic in a robust and sustainable way.

While health centers, as part of their nonprofit mission and in compliance with federal standards, accept all patients regardless of ability to pay, they are painfully aware that denying MaineCare to these a subset of their low-income patients is harmful in several ways. Among other things, it can limit the availability of crucially needed specialized services when serious illness or injury requires referral outside of the health center. It also diminishes the financial capacity of the health centers that must absorb the costs of uncompensated care, thus limiting their ability to reach out to and deliver comprehensive care to as many Mainers as possible, at the highest possible quality.

Our immigrant population deserves unequivocal welcome as a vital part of Maine's future. To treat all residents with dignity and recognition of their health needs is to provide a foundation for a healthy, productive society. Maine's Community Health Centers, which deliver health services to all Mainers, regardless of their health insurance status or ability to pay, urge you to report that LD 718 ought to pass.

Thank you for your attention to LD 718, and I would be pleased to respond to any further questions that you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles F. Dingman". The signature is fluid and cursive, with a large initial "C" and "D".

Charles F. Dingman

Enclosure: Testimony of Marge Kilkelly

cc: Sen. Joseph Baldacci
Sen. Marianne Moore
Rep. Margaret Craven
Rep. Anne C. Perry
Rep. Colleen M. Madigan
Rep. Holly B. Stover
Rep. Samuel Lewis Zager
Rep. Kathy Irene Javner
Rep. Abigail W. Griffin
Rep. Jonathan M. Connor
Rep. Michael H. Lemelin

State of Maine | 130th Legislature
Joint Standing Committee on Health and Human Services
Testimony of Marge L. Kilkelly, MS, CED, on behalf of Maine Primary Care Association
April 15, 2021

Supporting:

LD 718, "An Act To Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program and the Children's Health Insurance Program"

Sponsored by Representative Talbot Ross

Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, I am Marge Kilkelly, Policy Program Manager at Maine Primary Care Association (MPCA). MPCA is a membership organization that includes all of Maine's 20 Community Health Centers (CHCs).

Maine's CHCs provide comprehensive medical, behavioral, and dental care for approximately 1 in 6 Maine people. Community Health Centers make up the largest primary care network in the state, and they provide high quality, wide-ranging health care services. They are at the forefront of delivering care to rural and underserved Maine communities, and serve patients regardless of their health insurance status or ability to pay.

Maine Primary Care Association supports LD 718 and thanks Representative Talbot Ross and the other sponsors for bringing this legislation forward.

Health care coverage for children, *all children*, is critical to their ability to develop, learn and prosper. Children with health care coverage are more likely to be current on vaccines, have developmental or physical conditions identified earlier - resulting in better outcomes - and be better prepared to participate in educational opportunities. In fact, many benefits are more pronounced as the child grows into adulthood, and health coverage has been found to be a significant factor in determining a child's success in education, work, and being an active participant in their community.

In December 2020, the Commonwealth Fund Issue Brief on Medicaid¹ identified the following benefits:

Better health. Medicaid coverage in early life is associated with a decreased incidence of chronic conditions as measured by an index of conditions (obesity, diabetes, heart disease or heart attack, and high blood pressure) in adults ages 19–36²

Fewer hospitalizations and emergency room visits. Medicaid in early childhood is associated with a reduction in hospitalizations, particularly related to diabetes and obesity, in adults ages 19–36³

Lower mortality rates. Each additional year of Medicaid childhood eligibility is associated with a decline in mortality rates among young adults.⁴

¹ <https://www.commonwealthfund.org/publications/issue-briefs/2020/dec/short-term-cuts-medicare-long-term-harm>

² Sarah Miller and Laura R. Wherry, "[The Long-Term Effects of Early Life Medicaid Coverage](#)," *Journal of Human Resources* 54, no. 3 (Summer 2019): 785–824.

³ Miller and Wherry, "Long-Term Effects," 2019.

⁴ David W. Brown, Amanda E. Kowalski, and Ithai Z. Lurie, "[Long-Term Impacts of Childhood Medicaid Expansions on Outcomes in Adulthood](#)," *Review of Economic Studies* 87, no. 2 (Mar. 2020): 792–821.

Higher education achievement. Medicaid coverage of children, and of their mothers during pregnancy, was associated with increased rates of high school graduation, on-time high school graduation, college enrollment, and four-year college graduation.⁵

Strong rate of return on government investment. More than half of the cost of Medicaid coverage in childhood was offset by higher tax receipts in adulthood.⁶ The cost of coverage also was partially offset by reductions in disability benefit payments.⁷ Lower total costs related to reduced hospitalizations in adulthood also may offset a portion of the cost of Medicaid coverage.⁸

On behalf of the patients, staff, and volunteers at Maine's Community Health Centers, we urge passage of LD 718.

Thank you for considering our comments, and please do not hesitate to contact me directly at mkilkelly@mepca.org with any follow up questions.

Marge Kilkelly, MS, CED
207-380-7783
Policy Program Manager, MPCA

⁵ Miller and Wherry, "Long-Term Effects," 2019

⁶ Brown, Kowalski, and Lurie, "Long-Term Impacts," 2020.

⁷ Goodman-Bacon, *Long-Run Effects Childhood*, 2016.

⁸ Miller and Wherry, "Long-Term Effects," 2019.