

Thursday, April 15, 2021

Senator Claxton, Representative Meyer, and Members of the Health and Human Services Committee:

My name is Kaylee Wolfe and I am a resident of Brunswick, where I work as an emergency room nurse. This testimony is in support of 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.

As a registered nurse, I have a front-row seat to the consequences of the gaps in health coverage that LD 718 seeks to correct. While Medicaid expansion and other critical programs have expanded access to insurance coverage and preventive care services for thousands of Mainers, far too many continue to slip through the cracks. For these un- and underinsured individuals, the ER is often the only available safety net.

I recently cared for a patient who was a non-citizen. This individual started to feel unwell days before presenting for care, but delayed coming in because they were afraid they would not be able to afford the cost. Unfortunately, by the time they made it to the hospital they had already experienced devastating health consequences. Had this individual had access to routine preventive care or earlier intervention, it's possible this outcome could have been avoided. Even as they were lying on a stretcher in pain and trying to process difficult news, this patient was far more anxious about the bill they'd receive after that day's visit than their own health.

I wish I could say that this was an isolated incident, but unfortunately this is a story that plays out all too often in hospitals across our state. People are suffering needlessly and avoiding necessary care out of fear of financial ruin. LD 718 is a crucial step toward ensuring that all Maine people are able to get the care they need, when they need it.

Beyond the obvious benefits for individual and public health, LD 718 is also a smart financial move. Emergency services are expensive, and leaving vulnerable people with no option but the ER increases the cost of their care dramatically. When uninsured patients can't pay, hospitals are left to eat those costs. And in a state like Maine, where many rural hospitals are struggling to stay above water, that's a big problem. Expanding access to MaineCare and CHIP will help reduce ER utilization and enable hospitals to obtain reimbursement for services rendered to covered patients.

For my patients, neighbors, and in the interest of public health, I urge the Committee to support LD 718.

Thank you,

Kaylee Wolfe, RN