

*Good morning, Chairpersons and members of the Committee. My name is Tom Sterne. I am a retired primary care physician and health economist and live in Bridgton.*

Rep. Sylvester's LD 1608 implicitly acknowledges the devastating failings of our current healthcare coverage system here in Maine, a hodge podge of expensive and administratively burdened services with varied benefits and large out of pocket layouts that effectively deny services when needed, and fail to control skyrocketing inflation. It seeks to move toward universal, fair and affordable coverage by encouraging enrollment in an expanded form of MaineCare, our current Medicaid vehicle.

As written, LD 1608 does not yet explicitly speak to important core questions that will impact its potential success in achieving efficient, financially sound distribution of benefits to all Mainers:

1. Will the benefits package be robust and uniform?
2. If providers can elect to or not to "participate," will this plan be anything beyond yet another insurance option that further adds to bureaucratic overhead?
3. What will this coverage system cost individuals, and how will the funds be collected? Will there be copays and deductibles that encourage deferring visits?
4. What would be the role of private insurers and managed care organizations in this new plan? Will their participation further or hinder goals for cost efficiency and that care be treated as a public good?
5. How will LD 1608 affect and coexist with Medicare, the Veterans Administration coverage system and other federally supported or mandated programs?

I understand that some of these concerns will be addressed by DHHS, but that the RFP to address these issues will be self-funded. I am concerned that this will be inviting a well-endowed stakeholder to the table.

I support the goals of LD 1608. If we truly wish to achieve universal coverage that is publicly funded and privately provided, and that will achieve significant cost savings even with expanded coverage, we must work towards having a single payer, buy in from all providers, a fair standardized fee schedule, budgets for institutions, and negotiated price controls.

Thank you for your consideration.