

Coffee CAHC is a weekly newsletter where we round up and comment on the latest health coverage policy developments both nationally and here in Maine. We hope you find these updates helpful!

Please email [policy@mainecahc.org](mailto:policy@mainecahc.org) with questions.



## Coffee CAHC

118<sup>th</sup> Congress, 1<sup>st</sup> Session

131<sup>st</sup> Maine Legislature, 1<sup>st</sup> Session

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Aaaand... we're [Back in the Saddle Again](#) (Gene Autry), [Back To Life](#) (Soul II Soul), [Back at the Chicken Shack](#) (Jimmy Smith), and/or [Coming Back to Life](#) (Pink Floyd). Go ahead, pick your soundtrack! We missed you!

## National Level

**Dobbs Unleashed a World of Trouble.** As you know, last June the [US Supreme Court overturned a constitutional right to abortion](#) and thereby created chaos, permitting [a patchwork](#) of state-level laws regulating reproductive health care services. As a result, [wealth disparities will be exacerbated](#), [racial inequities in health care will increase](#), and pregnant people who miscarry [run the risk of delayed emergency care](#) or [life-threatening developments](#). Now, from a Kaiser Family Foundation (KFF) [tracking poll](#), we learn there is widespread confusion about medication abortion, with nearly half of adults (49%) reporting they are unsure if it is legal. Furthermore, a third (32%) are unsure if emergency contraception ("Plan B") is legal in their state.

Under [Maine law](#), the right to an abortion is protected up until a fetus is considered viable outside the womb. In July, Governor Janet Mills signed an [Executive Order](#) prohibiting State agencies from cooperating with another State's abortion investigation, directs State agencies to conduct of review of laws and regulations to remove or minimize barriers to abortion access, and stated her intent to exercise her discretion as Governor to decline requests for extradition from other states.

Mills and legislative leaders are [moving to expand access to abortion](#) by making it available after 24 weeks with a doctor's approval. [According to KFF](#), people seek abortions after 21 weeks due to medical concerns such as fetal anomalies or maternal life endangerment, as well as barriers to care that cause delays in obtaining an abortion. Dana Pierce's [story](#), in which she had to travel to Colorado for an abortion when she learned her second child had a rare mutation that led to broken bones in the womb, informed policy makers' thinking.

**"Independent Pathway" to Contraceptive Coverage.** The Biden-Harris administration [has proposed a new rule](#) to establish an "independent pathway" for contraceptive coverage for individuals enrolled in plans or coverage provided by employers that object. Although contraception is supposed to be covered no cost to the subscriber

under the Affordable Care Act, in 2020 the [Supreme Court upheld](#) a Trump-era exception to contraceptive coverage on religious or “moral” grounds.

If implemented, the new rule would affect, for example, students at religiously-affiliated educational institutions as well as workers with plans for which the employer claimed the exception. We will be following this issue closely. Chiquita Brooks-LaSure, CMS Administrator said in a [press release](#): “If this rule is finalized, individuals who have health plans that would otherwise be subject to the ACA preventive services requirements but have not covered contraceptive services because of a moral or religious objection, would now have access.”

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**States Prepare to “Unwind” the Medicaid Continuous Enrollment Provision.** The Families First Coronavirus Response Act authorized a 6.2 percentage point increase in federal Medicaid matching funds to help states, like Maine, respond to the COVID-19 pandemic. In exchange, the federal government imposed several conditions to make sure people did not lose coverage unnecessarily during the pandemic, one of which was continuous eligibility. That is, states accepting the increased match were prohibited from terminating enrollees’ Medicaid coverage. This provision was intended to ensure that people did not lose vital health insurance coverage during the pandemic.

Under the Consolidated Appropriations Act of 2023, which Congress passed this past December, the Medicaid continuous enrollment requirement will end April 1. This process is being referred to as the “unwinding.” It is of concern because, as KFF points out in a [press release](#), people who are disenrolled from Medicaid often become uninsured during the following 12 months. KFF estimates that [between 5 and 14 million people will lose Medicaid coverage](#) during the unwinding. The Urban Institute believes [it could be as high as 18 million](#). What’s more, according to the Center on Budget and Policy Priorities (CBPP), [children and people of color](#) are at high risk of losing coverage. However, when the unwinding begins, states will have had months to prepare. In addition to guidance on handling the transition CMS provided, health policy advocates have developed “[key strategies](#)” to ensure the fewest number of eligible enrollees lose coverage. In Maine, the Department of Health and Human Services and the Office of Health Insurance Marketplace have been actively preparing, working with partners and developing procedures for the unwinding. Read about it below.

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**Biden Administration Announces Covid-19 Public Health Emergency to End May 11.** The Biden Administration [announced](#) the COVID-19 Public Health Emergency (PHE) will end officially on May 11. The conclusion of the PHE has significant implications for enrollees in all types of insurance. For people with private insurance and on Medicare, it means they will no longer be able to obtain eight free at-home COVID tests each month. They may also have co-pays for COVID treatments. People on Medicaid will have COVID testing and treatments at no cost until 2024 because of a provision in the American Rescue Plan Act. People without insurance, as always, will have to rely upon safety-net programs, which will vary from community to community and state to state. For a complete analysis of the implications of the end of the PHE, read [KFF’s Issue Brief](#) of 01/01/23.

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**ICYMI:** Alexander, you are the inspiration for recounting so many terrible, horrible, no good, very bad experiences! Read about “Bipolar Bear and the Terrible, Horrible, No Good, Very Bad Health Insurance” [here](#).

## State Level



### **Meg Garratt-Reed Nominated to Lead Maine’s New Office of Affordable Health Care.**

Governor Janet Mills has [nominated Meg Garratt-Reed](#) to be the first Executive Director of Maine’s new Office of Affordable Health Care. Meg currently serves as the Director of the Office of the Health Insurance Marketplace within Maine DHHS and helped launch Maine’s State-Based Marketplace, [CoverME.gov](#).

“Meg’s knowledge, her depth of experience, and her outstanding work to establish CoverME.gov make her an excellent candidate to lead the new Office of Affordable Health Care,” said Governor Janet Mills. “Maine has seen the largest decline in its uninsured rate of any state in the nation in recent years. With Meg at the helm of this independent, nonpartisan organization, I believe we can continue to make headway in expanding lifesaving insurance to more people and improving health care affordability.”

The Office was established through [legislation](#) sponsored by Senate President Troy Jackson in 2021. The Office is charged with analyzing data to determine drivers of health care costs in Maine and with identifying policy solutions to help rein in those costs and improve efficiencies and coordination within the healthcare system. The Office will also provide staff support to Maine’s Prescription Drug Affordability Board. [Legislation](#) enacted last year, sponsored by former Representative Richard Evans, expanded the Office’s scope. Beginning this year, the Office is also charged with analyzing barriers to affordable health care and coverage and developing proposals for methods to improve health care affordability and coverage for Maine individuals and small businesses.

“I’m honored by this nomination and the opportunity to build on Maine’s nation-leading expansion of coverage to help ensure all Maine people can afford the health care they need,” said Meg Garratt-Reed. “The Office of Affordable Health Care, working with the Governor’s office, legislators, and stakeholders, will advance solutions to bring relief from rising health care costs to Maine families and businesses in new and meaningful ways.”

Next, Garratt-Reed’s nomination will be reviewed by the Legislature’s Health Coverage, Insurance, and Financial Services Committee and will then be subject to confirmation by the Maine State Senate.

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**MaineCare Redeterminations to Resume in April.** The Families First Coronavirus Response Act (FFCRA) made certain [temporary changes](#) to state Medicaid programs during the federal COVID-19 Public Health Emergency (PHE). One of the

biggest changes was a pause on Medicaid annual eligibility redeterminations and most coverage terminations. This means people who had, or who have gotten Medicaid (MaineCare in Maine) since the PHE was declared in January 2020, have not had to complete an annual renewal or provide updated income and household information in order to keep their MaineCare coverage.

However, in December, Congress passed a year-end omnibus [spending bill](#) that [delinked the Medicaid continuous coverage requirement from the PHE](#). This means that, beginning April 1, 2023, states will resume Medicaid eligibility redeterminations and terminations.

**What MaineCare Members need to know:** DHHS will begin conducting renewal determinations in April. However, it will not conduct reviews for all MaineCare members right away. Instead, it will maintain most MaineCare members' current renewal months. In other words, they will wait until the anniversary of the month that someone's coverage began, or the month they submitted their application. So, if someone's coverage began in August 2020, their redetermination would most likely be conducted in August 2023.

MaineCare members will receive a reminder letter a few months before their renewal. If MaineCare has a phone number or email address for someone on file, they may also send text or email reminders. **Renewal forms will be mailed to members in a blue striped envelope at least 30 days prior to their renewal date.**

If you have MaineCare coverage, you should make sure your contact information is up to date by logging into the [My Maine Connection portal](#) or calling 1-855-797-4357 to confirm or change your contact information. And don't forget to keep an eye out for letters or messages from DHHS. **Remember, if it's blue, it's time to renew!**

If you are found no longer eligible for MaineCare after your redetermination, you may qualify for a special enrollment period through Maine's Marketplace, [CoverME.gov](#).

Learn more about DHHS's plan for resuming redeterminations, [here](#). If you have questions or need help completing an annual review or transitioning to a Marketplace plan, call our free confidential HelpLine at 1-800-965-7476.

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**Need a COVID-19 Vaccine or Booster?** COVID-19 vaccine and booster shots are free. You can find a free vaccination site near you, [here](#). Note that not all sites offer vaccines to young children. When searching for a vaccination site, you can filter by age eligibility to find locations offering vaccines for the age group you're looking for.

You can also get tested for COVID-19 for free. Learn how to get a free COVID-19 test, [here](#).

### Want to Know More?

California [is contemplating](#) making insulin. Montana pharmacists [may get more power](#) to prescribe medications. And in Los Angeles, students [can carry](#) Narcan.

Until next time,

The staff at CAHC



## Consumers for Affordable Health Care

Advocating the right to quality, affordable health care for every person in Maine.



Consumer Assistance HelpLine

**1-800-965-7476**

[www.maine cahc.org](http://www.maine cahc.org)

**Consumers for Affordable Health Care** is a Maine based, not for profit, private organization that works to advocate the right to quality, affordable health care for every person in Maine. We do this through our toll-free Consumer Assistance HelpLine, educational publications and trainings as well as bringing the voice of the Maine people to the legislature when health care or coverage issues arise.

Please consider making a donation to support this important work.

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