

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 with questions.

Coffee CAHC

118th Congress, 1st Session

131st Maine Legislature, 1st Session

It's May! Let's join the great Dinah Washington on the [Sunny Side of the Street!](#)

National Level

Bill Would Raise the Debt Limit, but Slash Vital Spending. On April 26, US House Republicans [passed a bill](#) that would raise the debt ceiling by \$1.5 trillion, or suspend it until March 31, 2024, whichever occurs first. The vote was 217-214, with four Republicans voting no. House Democrats were united against the bill because it would risk health coverage and increase hunger for millions by imposing work requirements on Medicaid enrollees and SNAP recipients (in addition to eliminating clean energy tax credits included in the Inflation Reduction Act, blocking student debt relief, and rescinding pandemic relief funding).

At CAHC, we view this bill as an undisguised assault on important safety net programs. The imposition of work requirements is simply a means of reducing the number of people on Medicaid. How? Work requirements create red tape and bureaucratic paperwork that result in [barriers to retaining coverage](#). They disproportionately endanger people with disabilities and interfere with people accessing the health care they need. As Emily Stewart, Executive Director of Community Catalyst [stated](#):

Taking health care away from people should never be a political bargaining chip. With the cost of everything from eggs to prescription drugs rising, we should be making Medicaid more accessible to those who need it most, not more difficult. Congress should fulfill its constitutional responsibility and raise the debt ceiling with absolutely no cuts to Medicaid.

In reality, this bill has no chance of passing the Democratic-controlled US Senate as is. However, Janet Yellen, Secretary of the Treasury, [has said](#) the US is in danger of defaulting on its obligations as soon as June 1 if Congress does not raise the debt limit. Publicly, the White House and Senate Democrats have panned the bill, but President Biden [has invited top lawmakers to meet](#) next Tuesday. House Democrats are also looking at [a means to force House Republican leadership](#) to vote on the debt ceiling.

Medical Credit Cards/Financing Plans Confuse Consumers, Increase Medical Debt. A disturbing [new report](#) from the Consumer Financial Protection Bureau (CFPB) shows the increasing availability and variety of financing mechanisms for out-of-pocket health care costs are doing consumers no favors. Although these products used to be restricted to financing elective procedures, they are increasingly offered when patients need basic medical treatment or emergency health care when patients are under significant stress.

Some patients offered medical credit cards or a financing plan would be eligible for free or reduced-cost care first. Other patients do not appear to understand the repayment terms, which frequently incorporate deferred or springing interest. These consumers end up with burdensome and unmanageable medical debt. In addition, challenging an inaccurate medical bill is especially complicated when it involves a third party financial institution.

A KFF/NPR story from last November, [How Banks and Private Equity Cash In When Patients Can't Pay Their Medical Bills](#), reports that 50 million people (1 in 5 adults) are on a financing plan for a medical or dental bill. According to the CFPB, interest rates for these products are as high as 27%.

Supreme Court Stayed Mifepristone Decision. On April 21, the US Supreme Court [ordered](#) that mifepristone, one of two drugs in a medical regimen that ends pregnancy, remain available while a challenge to the drug's safety moves through the courts. The original case out of Texas has been returned to the 5th Circuit Court of Appeals, which will hear argument May 17.

Though the Supreme Court majority claimed to "[return the issue of abortion to the people's elected representatives](#)" in overturning *Roe v. Wade* last June, [they fooled only themselves](#). Inside of 12 months, the court has had to weigh in on safe access to abortion again. This turn of events is the result of a [division in the lower courts](#).

Mifepristone is [safe and effective](#) for abortion and miscarriage management up to 10 weeks. Because the case involves the approval process at the Food and Drug Administration (FDA), however, many more drugs are implicated. In an essay entitled [This Could Be One of the Most Brazen Attacks on Americans' Health Yet](#) in Thursday's New York Times (subscription required), Jack Resneck Jr., president of the American Medical Association, wrote:

In seeking to restrict access to abortion across the United States, the plaintiffs in this case have, intentionally or not, seriously jeopardized our nation's 85-year-old drug regulatory system. We must be cleareyed; upholding any parts of the district court's dangerous ruling would in all likelihood almost immediately prompt challenges to other longstanding safe and effective F.D.A.-approved drugs that doctors and patients rely on every day.

After three years of politicization fueled by disinformation, this would surely include challenges to many vaccines, including those that reduce the risks of serious illness from Covid-19. We should expect lawsuits against common types of safe and highly effective hormonal birth control, including emergency contraception. Also at risk: drugs used to treat cancer and arthritis that can incidentally affect unexpected pregnancies, drugs to prevent or treat H.I.V., and medications aimed at providing gender-affirming care.

At CAHC, we support access to safe, legal abortion as part of reproductive health care.

KFF FAQ on Medicare Drug Price Negotiation. Kaiser Family Foundation (KFF) has issued a detailed [FAQ](#) on how the Medicare drug price negotiation program under the Inflation Reduction Act will operate: which types of drugs qualify; how many will be selected; how CMS will identify them; and other considerations. The IRA authorizes the Secretary of Health and Human Services to negotiate prices for certain covered drugs under Medicare Part D in 2026 and Part B in 2028. CMS will announce the first drugs to be negotiated under Part D this September. Other provisions of the IRA [limit monthly cost-sharing for insulin to \\$35](#) (in effect as of 01/01/23 under Part D and 07/01/23 for Part B) and will cap out-of-pocket spending for Medicare Part D enrollees at \$2,000 beginning in 2025.

High Costs Forcing Americans to Delay Health Care. As has been reported in [The New York Times](#), [Forbes](#), [CNBC](#), and [KFF](#), Americans are delaying health care, or avoiding it altogether, [because of rising costs](#). KFF Health News and NPR [reported](#) how inflation and housing costs factor into the decisions to delay health care, particularly in states that did not expand Medicaid. In a [2022 Gallup poll](#), 38% of American adults surveyed postponed medical care due to its cost, and increase of 12% over 2021. One hundred million people in America [carry medical debt](#). For about 1 in 8, the debt is larger than \$10,000.

State Level

Legislative Committee Advances Bill to Close Eligibility Gaps for Immigrants. The Health and Human Services (HHS) committee held a work session last week on [LD 199](#). The bill, which is sponsored by House Speaker Rachel Talbot Ross, [closes eligibility gaps in MaineCare](#) to ensure all Maine residents with low income have access to MaineCare, regardless of their immigration status. Recent polling, which will be released soon, found that the [vast majority of Maine voters](#) believe that ensuring every Mainer has access to affordable health insurance should be a priority for Maine lawmakers.

During the work session on LD 199, several members of the committee shared their reasons for supporting the bill. "Immigration actually makes America stronger. Immigration makes Maine stronger," said Senator Joe Baldacci, co-chair of the HHS committee. Baldacci spoke about his grandparents, who were Italian and Lebanese immigrants that moved to America, "We came to this country for opportunity, to build businesses, to build families and we are going to continue to welcome people from all over the world. I think that is our mission. That is what America is all about. And I think that Maine will be a leader because Maine understands that health care is a human right, regardless of who you are." Baldacci also cited the role of immigrants in strengthening Maine's economy and workforce, pointing out that immigrants have high rates of employment and entrepreneurship, which can help address Maine's labor shortages.

Representative Michele Meyer, co-chair of the HHS committee, emphasized the importance of ensuring access to preventive care. "Ultimately, every person who's here in Maine is a human being who will inevitably require health care. As the stewards of the taxpayers' money, we are wise to contemplate the fact that preventative care is far more cost effective than the emergency care that is wildly, wildly expensive after illness and injury goes untreated for too long," said Representative Meyer. "Ultimately, every single person here in Maine is deserving of access to quality healthcare."

Representative Same Zager, who is a member of the HHS committee, as well as a practicing physician, said LD 199 will save lives, as [studies have shown](#) that having health insurance reduces rates of mortality. "It also improves lives and helps people who have chronic conditions be more present for their families, communities, places of employment," said Representative Zager. "We have thousands of people in Maine who would benefit from this who are working, strengthening our economy. So, to eat the blueberries, to benefit from the other facets of our economy, and then to deny them health care, the people who make that possible, doesn't make sense to me."

The committee voted [8-5](#) in support of passing LD 199, as amended. You can watch a recording of the full work session, [here](#). Next, LD 199 will head to the Maine House of Representatives for a vote.

New CoverME.gov Special Enrollment Period for People Transitioning from MaineCare. As required by federal law, DHHS has begun a yearlong process of [redetermining eligibility for current MaineCare members](#). Mainers who lose their coverage during this process may be eligible to enroll in a health plan through [CoverME.gov](#), Maine's state-based health insurance marketplace. DHHS [announced](#) a new Special Enrollment Period (SEP) for people transitioning from MaineCare to a Marketplace plan. The new SEP began on April 15, 2023, and will last through July 31, 2024. People who are found ineligible for MaineCare during their renewal process can use this SEP to sign up for a Marketplace plan any time until July 31, 2024. However, people are encouraged to enroll **before** their MaineCare coverage ends, in order to avoid a gap in coverage.

Learn more about the "Recently lost MaineCare" SEP, [here](#). Mainers can apply for Marketplace coverage by visiting [CoverME.gov](#). Free, impartial enrollment help is also available from certified

Maine Enrollment Assistants located throughout the state. Find a Maine Enrollment Assistant near you, [here](#). You can also call our free, confidential **HelpLine at 1-800-965-7476**.

Need Health Insurance? You may qualify for a [Special Enrollment Period](#) at [CoverME.gov](#). But don't wait. Many special enrollment periods only last for 60 days.

Mainers can apply for MaineCare anytime. Visit [CoverME.gov](#) for more information or apply online at [MyMaineConnection.gov](#).

For questions or help enrolling in coverage, call our free confidential **HelpLine at 1-800-965-7476**.

Want to Know More?

Medical News Today [reports](#) that replacing soda with water, tea, or coffee can reduce complications in people with type 2 diabetes by 20%. The CDC [recommends](#) an additional Covid-19 booster for people who are 65 and older or with compromised immune systems. And NPR [explains](#) how diversity in medicine can save lives.

Until next time,
The staff at CAHC