

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, 2<sup>nd</sup> Session

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Good afternoon, Coffee CAHC readers!

Welcome spring! Today, we're listening to the great Rhiannon Giddens (minus her [banjo](#); but that's okay) and Tom Jones (!! ) ripping into [St. James Infirmary Blues](#)! The band will knock you out, too.

## National Level

**Medicaid Front and Center.** April is Medicaid Awareness Month! As Elizabeth G. Taylor, Executive Director of the National Health Law Program [points out](#), more than 90 million Americans are insured through Medicaid, which covers families, children, people with disabilities, and seniors.

Maine DHHS continues to do a remarkable job ensuring eligible Mainers remain enrolled in Medicaid during the "[unwinding](#)," the resumption of annual eligibility determinations. [KFF reports](#): As of February 2024, 267,633 enrollees renewed their coverage and 37,998 enrollees were disenrolled, including 29,565 who were determined ineligible and 8,433 who were terminated for procedural reasons.

**Anthony Wright to lead Families USA.** Families USA, one of the nation's leading health care advocacy organizations, has named [Anthony Wright](#), currently Executive Director of Health Access, California, as its [new Executive Director](#), effective July, 2024. This is wonderful news!

Through his work at Health Access, California, Mr. Wright has been at the forefront of increasing access to health care, containing costs, and improving health equity for 22 years. Just in 2023, Families USA notes:

Health Access victories included reducing cost sharing and zeroing out of deductibles for over 650,000 in Covered California, the elimination of surprise medical bills for ambulances, the creation of an Office of Health Care Affordability with the nation's most promising effort to contain health care costs, new and higher standards for quality and equity in health plans, innovative state

strategies to lower prescription drug prices, and the full expansion of Medi-Cal to all income-eligible Californians regardless of immigration status.

We couldn't be more excited about Mr. Wright's appointment and look forward to working with all the staff at Families USA on a promising future for health care access!

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**Health Care and the Supreme Court.** In March, the US Supreme Court heard arguments in *FDA v. Alliance for Hippocratic Medicine*, a case that could potentially upend access to mifepristone, one of two drugs [used in 63% of abortions in 2023](#), in a study conducted by Guttmacher Institute. Commonly called "[medication abortion](#)," the combination of mifepristone and misoprostol is safe and effective in terminating a pregnancy up to 10 weeks, [according to the FDA](#). On Wednesday, the Court heard argument in *Moyle v United States*, in which the State of Idaho claimed [its near total ban on abortion should supersede federal guidance](#) authorizing stabilizing abortion care in emergency rooms if medically necessary.

While [news reports](#) depict the justices as [unlikely to rule against the FDA](#), the case shows how aggressive anti-choice advocates have been in the wake of the [Dobbs decision](#), which overturned the right to abortion in the US by a 6-3 vote. Anti-choice advocates have engaged in [forum-shopping](#) to find sympathetic judges, resurrected "zombie" anti-abortion laws, such as the [1864 Arizona law](#) outlawing all abortions except to save the life of the mother, and [advocated for a national abortion ban](#) (despite the *Dobbs* decision purportedly returning regulation to the states).

Although medication abortion may be safe for now, in January the Supreme Court heard arguments in two other cases, *Loper Bright Enterprises v. Raimondo* and *Relentless, Inc. v. Department of Commerce*, that [take aim at the regulatory authority of federal agencies](#). Basically, these cases challenge a 1984 case, *Chevron U.S.A., Inc. v. NRDC*, in which the Supreme Court held that, in the absence of clear legislative statements, courts must give federal agencies deference as long as the agency interpretation of a law is reasonable. This doctrine has held for forty years because neither members of Congress, in writing law, nor judges, in interpreting law, are experts in the subject matter. We rely on agency personnel to bring specialized education and experience to the issue at hand.

The *Chevron* decision has been [the focus of conservative ire](#) since at least the Obama administration. What would overturning *Chevron* mean for health care access? Nothing good. Consider the importance of federal regulatory authority regarding Medicare, Medicaid, the Affordable Care Act (ACA), and prescription drug negotiations under the Inflation Reduction Act. This [KFF brief](#) outlines how grim it could get.

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**ICYMI:** To learn more about Medicaid and its positive impact on people in every state, check out [That's Medicaid](#), a project of the Robert Wood Johnson Foundation.

**State Level**

**Legislative Session Wraps Up: Updates on Medical Debt Legislation.** After working through the night, the 131<sup>st</sup> Legislature adjourned early last Thursday morning. Much of Wednesday evening was spent finalizing and debating the supplemental budget, which eventually passed in both the House and Senate and has since been [signed into law](#) by Governor Mills. Among other important initiatives, the supplemental budget rejected proposed rollbacks to the Medicare Savings Program (MSP), ensuring many older Mainers and Mainers with disabilities can benefit from the [expansions to MSP](#) passed last session.

Two bills aimed at addressing medical debt and improving transparency were also recently enacted. [LD 2115](#), sponsored by Senator Mike Tipping, prohibits collection agencies from charging interest or fees on medical debt, and from suing low-income patients on medical debt. The bill was signed and enacted by Governor Mills. [LD 2271](#), sponsored by Senator Donna Bailey, was enacted into law without the Governor's signature. LD 2271 implements certain [recommendations](#) of the Task Force to Evaluate Facility Fees to increase facility fee transparency.

[LD 2174](#), An Act to Protect Consumers from Predatory Medical Credit Card Providers, sponsored by Senate President Troy Jackson, was not enacted. Although an [amended version of the of the bill](#) passed with bipartisan support in the Senate, it did not make it through the House. The amended bill would have provided some basic consumer protections related to [medical credit cards](#) and would have prevented medical debt from negatively impacting consumer credit scores and reports.

The status of several other critical initiatives remains uncertain. Although session ended in the early hours of April 18<sup>th</sup>, the Appropriation and Financial Affairs Committee has not completed "running the table", the process by which any General Fund money left "on the table" after the budget passes is used to fund individual bills that were passed by the full legislature. Many important bills remain on the Appropriation's "table," including LD 1955 and LD 1829. [LD 1955](#), sponsored by House Speaker Rachel Talbot Ross, expands eligibility and strengthens access to hospital free care programs in Maine. It would also ensure people up to 400% of the federal poverty level are offered affordable payment plans, which would help more Mainers be able to afford their hospital bills without taking on additional debt or sacrificing basic necessities, like being able to pay for food or rent. [LD 1829](#), sponsored by Senator Cameron Reny, would expand the charge of Maine's [Prescription Drug Affordability Board](#) (PDAB). The PDAB was created by a bill sponsored by Senate President Troy Jackson and passed into law during the 130<sup>th</sup> Legislature, to recommend policy solutions to address rising drug costs in Maine.

Medical debt continues to be a significant burden for many Mainers. A [2022 survey](#) conducted on behalf of CAHC found that more than four out of ten Mainers have medical debt in their household. Additionally, one in four Mainers cut pills in half, skipped doses of a medication, or delayed or did not fill a prescription due to cost. At this moment, it is still unclear [whether the Appropriations committee will be able to reconvene](#) to run the table or whether the unfunded bills, including LD 1955 and LD 1829, will fail to be enacted.

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

## Want to Know More?

Science Daily reports [on force-controlled release of small molecules](#) in the targeted delivery of drugs, potentially revolutionizing medical care in the future. Popular Science says the first human trial of an [experimental treatment that grows livers from lymph nodes](#) is underway. And Science details researchers efforts to clear people of [lingering reservoirs of the SARS-CoV-2 virus](#) in the hopes it will treat Long Covid.

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**

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**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.

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