

**From:** Consumers for Affordable Health Care <consumerhealth@mainecahc.org>  
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**To:**  
**Subject:** CoffeeCAHC policy round-up: February 2, 2024

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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Good afternoon, Coffee CAHC readers!

It's Black History Month! Here's [Jumpin' Jive](#), from the 1943 film *Stormy Weather*. The clip features Cab Calloway and his Orchestra with the Nicholas Brothers in a jaw-dropping dance sequence ! Can't you just hear those hepcats call?!

## National Level

### On Innovation and Access.

Historically, people of color in the US have experienced [disproportionate barriers](#) to accessing health care, [worse health outcomes](#), including [maternal mortality](#), and more [negative experiences](#) with the health care system. Now these same barriers limit access to new, innovative treatments that show great promise in treating rare, inheritable medical conditions.

About 100,000 Americans, mostly Black or African American, live with [sickle cell disease](#), which results from inheriting two mutated copies of a particular gene. About 1 in 13 Black or African American babies are born with the sickle cell trait. About 1 in 365 Black or African American babies are born with the disease. People with the disease have inherited a group of blood disorders that cause red blood cells to become misshapen. These "sickled" blood cells can block blood flow, causing intense pain and [increasing the risk](#) of stroke, acute chest syndrome, organ damage, and premature death. People experiencing symptoms are [often dismissed](#) in emergency rooms, classrooms, and by employers.

In December, the US Food and Drug Administration [approved](#) the first [CRISPR](#) treatment, or gene-editing technology, for sickle cell disease. According to [Scientific American](#), the therapy involves removing stem cells from the person's bone marrow, editing them, destroying the untreated bone marrow, and infusing the patient with edited

cells. These cells then repopulate in the body. In ongoing trials, 29 of the 30 study participants had no pain for one year in the 18 months following their transfusions.

How much does this promising treatment cost? [Reuters](#) reported it would be \$2.2 million. Obviously, that price tag creates access problems. According to [BioPharma Dive](#), some insurers might conclude covering the treatment is worth it because they would avoid costs of other medical care, such as hospital stays and the negative consequences cited above. Maybe. For its part, the Biden administration announced the Center for Medicare and Medicaid Services will pilot a [test payment arrangement](#) for Medicaid enrollees who need this treatment for sickle cell disease or another, more expensive, therapy.

While this is excellent news, there is a problem. Even if private insurers determine coverage is medically necessary and the treatment is cost effective, and even if test payment arrangement (in states that participate in the program) work well, the [12% of Black Americans who are uninsured](#) are left out altogether. As [Bina Venkataraman wrote in an Op-Ed](#) in The Washington Post (subscription required), Americans have come to accept that “short-run disparity is a necessary side effect of biomedical progress.”

It doesn't have to be that way, Venkataraman writes. People are rethinking how to bring innovative medical treatments to market. The [Innovative Genomics Institute](#), founded by one of the two scientists who won the Nobel Prize for developing the CRISPR technology, is proposing funding models that are less reliant on venture capital. These models include a mix of government grants, philanthropies, and social impact investment.

As advocates for health care access, we cannot help but be impatient. Americans [continue to struggle](#) with the high cost of health care. CAHC's [own research](#) shows Mainers share that burden. So, we say bring on all the innovation there is, both in medical treatments and funding strategies for medical progress. Americans need both.

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**ICYMI:** Medical News Today [reports](#) playing an instrument or singing may preserve brain health. And, dancing [makes a positive contribution](#) in that area, too!

## State Level

### **Press Conference; Medical Debt in Maine with Guest Speaker Chuck Bell from Consumer Reports**

On Thursday, January 25<sup>th</sup>, CAHC held a [press conference](#) focusing on medical debt with Maine Senate President Troy Jackson, Senator Mike Tipping, and [Chuck Bell, Programs Director at Consumer Reports](#). The event highlighted bills sponsored by Senate President Jackson and Senator Tipping, LD 2174 and LD 2115, respectively, that aim to relieve medical debt in Maine. Bell provided context on the issue of medical debt and the impact it can have on Mainers.

[LD 2174](#), sponsored by President Jackson, would impose new requirements related to credit cards designed specifically for the payment of health care services. According to [The Consumer Financial Protection Bureau](#), unlike a regular credit card, a medical credit card can only be used to pay for medical services. Originally, these cards were used to help cover procedures insurance did not cover. However, they have been expanded to cover other healthcare services received in hospitals or from other providers, and often have predatory terms of agreement.

Many [medical credit cards](#) offer a promotional period with deferred interest. After the promotional period expires, the interest rate typically shoots up into the [20% to 29% range](#). It is worth noting that “deferred interest” is not the same as “interest-free.” If the debt is not paid off by the end of the promotional period, not only does the interest rate skyrocket, but interest is applied retroactively. This financing mechanism can make paying off medical bills extremely difficult. It has forced many people further into debt.

LD 2174 aims to check these potential outcomes by prohibiting medical credit cards with deferred interest. It also requires that patients be screened for charity care before providers accept payment from a consumer using a medical credit card.

[LD 2115](#), sponsored by Senator Tipping, focuses on the sale of medical debt, which is a [multi-billion dollar industry](#) that often traps consumers in spiraling debt. Most medical debt is sold to collection agencies for [pennies on the dollar](#). Tipping’s bill would prohibit a health care provider from assigning, selling, or transferring medical debt to a debt collector for less than the total amount of the debt unless the provider has offered the consumer the opportunity to buy the debt at the same reduced amount.

Bell provided further information on several aspects of medical debt, including [how it can impact a consumer's credit report and scores](#). Bell cited how medical debt, along with being the number one source of debt collections, affects even higher-income and insured people. According to a [2022 Kaiser Family Foundation survey](#), 45% of respondents with an annual income of over \$90,000 had experienced medical debt within the past five years. Both LD 2174 and LD 2115 would help offset the consequences of incurring medical debt (such as incurring more debt due to high interest rates on a medical credit card) and would also provide relief to consumers who might be able to more easily afford buying back their debt.

The national landscape described by Bell is reflected here in Maine. A 2022 [survey](#) sponsored by CAHC, found that four in ten Mainers have medical debt in their household. Additionally, nearly one in three Mainers were contacted by a collection agency within the past two years due to a medical bill. Of those who had been contacted by a collection agency, 83% reported it was due to a hospital bill. Both LD 2174 and LD 2115 are steps toward ensuring more Mainers can avoid being sent to collections or provide them with more reasonable options to avoid their bills being sold to collections agencies.

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### **Governor Mills State of the State**

On January 30<sup>th</sup>, Governor Mills delivered a State of the State address in two parts: the [first part](#) was written; the [second part](#) was delivered before the 131<sup>st</sup> Legislature. In Part I of the address, Governor Mills highlighted the progress we’ve seen in Maine related to healthcare costs and coverage. In 2019, on her first day in office, Mills expanded Medicaid coverage, resulting in 105,000 more Mainers obtaining coverage. Mills also noted that in Maine, we have restored and expanded programs that:

- [Allow older Maine people to buy prescriptions](#)  
See more on the Medicare Savings Program [here](#)
- Provide [preventative dental care](#) for low-income Maine people and for [veterans](#)
- [Ensure families have an emergency supply of insulin](#)
- [Care for mothers after they give birth](#)
- [Provide health care to more low-income children through MaineCare](#)

Additionally, Mills highlighted the Made for Maine Health Coverage Act that makes the most common medical visits free or less costly, simplifies shopping for a health care plan, lowers insurance costs for the small group market, and established a state-based health insurance marketplace – [CoverME.gov](#). As of January 16, nearly 63,000 Mainers have selected plans for affordable health insurance in 2024 through CoverME.gov.

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**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?

Researchers at The University of Wisconsin-Madison have [3D-printed functional human brain tissue](#). Scientists at Stanford University [may have figured out](#) why 4 of 5 patients in autoimmune disease are women. And, at the Buck Institute for Research on Aging, scientists discovered a potential way to [repair synapses damaged by Alzheimer's disease](#).

Until next time,

The staff at CAHC



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

**Consumers for  
Affordable  
Health Care**



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.

**Donations Welcomed**



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