

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

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Say goodbye to March with Jane Monheit, live in 2010, singing [Waters of March!](#)

National Level

Happy Anniversary, ACA! Thirteen years ago on March 23, President Barack Obama signed the Affordable Care Act into law. Despite being hugely popular and affording health coverage to millions of Americans, the ACA was [threatened with relentless efforts to repeal it](#). It has also been the subject of more than [2,000 lawsuits](#). Today, more than 16 million people obtain health insurance through Marketplace plans. Another 22 million with coverage have coverage through Medicaid expansion. In Maine, [63,000 people signed up for coverage](#) for 2023 private marketplace plans. More than [106,000 people have coverage](#) through Medicaid expansion. Many more people benefit, including employees of large companies because the ACA mandates those employers offer [affordable, minimum value coverage](#) and [provides strong consumer protections](#) including coverage for preexisting conditions and essential health benefits.

Legal Challenge to ACA's Preventive Care Coverage Requirement Jeopardizes Health Care for Millions. On Thursday, US District Court Judge Reed O'Connor ruled in [Braidwood Management v. Becerra](#) that the ACA's preventive services coverage mandate, when services are adopted from [recommendations](#) of the [U.S. Preventive Services Task Force](#), is unconstitutional. The Task Force is charged with making evidence-based recommendations about clinical preventive services.

The ACA's preventive services provisions mandate coverage without cost-sharing (i.e., out-of-pocket costs - charges cannot be applied to deductibles, copayments, and coinsurance) for a variety of services, including annual check-ups, cancer screening tests, vaccinations, behavioral counseling, contraceptive services, and medications that can prevent the development or worsening of diseases and health conditions. A [January 2022 Office of Health Policy Issue Brief](#) estimated more than 150 million people with private insurance, including 58 million women and 37 million children, received preventive services without cost-sharing under the ACA, along with approximately 20 million Medicaid adult expansion enrollees and 61 million Medicare beneficiaries.

Emily Stewart, Executive Director of Community Catalyst said in a [press release](#): "The District Court's ruling strips away critical protections for a range of essential preventive care which could impact access to no-copay cancer screenings, pre- and postnatal care, as well as other preventive care like PrEP. The loss of these benefits would disproportionately impact the financial health and wellbeing of Black, Latinx, LGBTQ+

and other systemically-excluded communities who already face discriminatory barriers to affordable health coverage and care.”

Now, a recent [Peterson-KFF Health System Tracker analysis](#) breaks out who obtained access to preventive services (based upon pre-pandemic 2018 data). The authors found **about 6 in 10 privately insured people, or roughly 100 million people, received ACA preventive care in 2018. The most commonly received preventive care services were vaccinations, well-woman and well-child visits, and screenings for heart disease, cervical cancer, diabetes, and breast cancer.** The authors note that if the preventive services coverage requirement, which is still in effect while the case makes its way through the courts, is ultimately struck down, cost-sharing would be left to insurance companies and, as a result of higher out-of-pocket costs, people would likely [delay health care or decline to obtain it](#) altogether.

Not all preventive services are implicated. Services that were mandated when the ACA was adopted in 2010, such as breast cancer screening for women over 50, are exempted from Judge O’Connor’s ruling. But as [Health Affairs points out](#), “nearly all of the recommendations have been updated since 2010, so employers and insurers may find themselves bound by out-of-date recommendations. And lots of recommendations, including those on PrEP (for the prevention of HIV transmission), were adopted after 2010 and won’t be binding at all.”

Sharp-eyed readers will recognize Judge O’Connor as the one who struck down the ACA in 2018, only to have the decision overturned by the Supreme Court. This case will no doubt be appealed. Before it gets to the Supreme Court, however, it will go through the 5th Circuit, one of the most reactionary courts in the U.S. In the meantime, United States of Care issued this [fact sheet](#) about what states can do.

FDA Makes Narcan Available Over-the-Counter. On Wednesday, the US Food and Drug Administration made Narcan, a nasal spray that counteracts the effects of opioid overdose, [available for purchase without a prescription](#). Public health experts [have sought wider availability of naxolone](#), the key ingredient in Narcan, for years to combat the opioid epidemic. In Maine, Governor Janet Mills has assisted law enforcement by [distributing Narcan to police departments](#) and included a [25% increase in Narcan inventory](#) in her budget.

In 2021, [more than 106,000 people died](#) of opioid overdose in the U.S., according to the National Institute on Drug Abuse. Policy makers hope making Narcan more readily available will reduce the numbers of deaths. To understand how to use Narcan, the New York Times produced [this video](#).

Being Trans and/or Non-Binary in America. A new [Washington Post-KFF Survey](#) summarizes the experiences of 515 trans and gender non-conforming Americans. The takeaway:

Many have been harassed or verbally abused. They’ve been kicked out of their homes, denied health care and accosted in bathrooms. A quarter have been physically attacked, and about 1 in 5 have been fired or lost out on a promotion because of their gender identity. They are more than twice as likely as the population at large to have experienced serious mental health struggles such as depression. Yet most trans adults say transitioning has made them more satisfied with their lives.

This reporting is consistent with multiple studies that show [gender-affirming health care is crucial](#) for the mental health and overall well-being of young trans and non-binary people and [saves lives](#). Yet The Post also reports that since January more than 200 bills in state legislatures have been introduced to limit transgender rights. And [The Hill reports](#) more than 20% of transgender children and adolescents in the U.S. can no longer legally access gender-affirming health care because of new state laws. Read the Post-KFF article on accessing medical care [here](#).

ICYMI: [NPR reported](#) on how the MOBILE Health Care Act, sponsored by Maine Senator Susan Collins and Representative Jared Golden, is rolling right along. And [The Daily Yonder looks at](#) how the pandemic changed rural philanthropy, including funders in Maine.

State Level

Strong Show of Support at Legislative Hearing for Bill to Restore MaineCare Coverage to All Income-Eligible Mainers, Regardless of Immigration Status. On Tuesday, the Legislature’s Health and Human Services Committee received testimony from over 80 people and organizations, including impacted individuals, community members, health care providers, hospitals, community-based organizations, and advocacy groups, about the need to restore MaineCare coverage to all income-eligible Mainers, regardless of immigration status. View testimony brought before the committee [here](#).

Patient and Consumer Advocacy Groups Oppose Bill to Allow Non-ACA Compliant Farm Bureau Plans in Maine. The Health Coverage, Insurance and Financial Services Committee held a hearing on a bill that would exclude agricultural membership organization health plans from [federal and state insurance regulations and consumer protections](#). For example, if passed, such plans could be sold in Maine without having to provide coverage for people with pre-existing conditions or [essential health benefits](#), such as prescription drugs and maternity and newborn care. These plans could also put annual or lifetime benefit caps on coverage for certain services, which could leave Mainers on the hook for thousands of dollars in medical costs that would have been covered under a qualified health plan.

Read Kate Ende’s [comments](#) on why this is a bad idea that could result in Mainers paying more for their health care and coverage. The American Heart Association, American Cancer Society Cancer Action Network, Leukemia & Lymphoma Society, and Maine Bureau of Insurance were also among those who [testified](#) against the [bill](#). *According to the Bureau of Insurance, “A consumer with a complaint about coverage, for example, would have no recourse through the Bureau. The organization would also have the ability to underwrite the applicant, charge more for those with pre-existing medical conditions, or deny them coverage entirely.”*

Progress on MaineCare Rate Reform: The Maine Department of Health and Human Services shared an [update](#) yesterday about the progress it has made on rate review and reforms, indicating that “results to date can be seen both in alternative payment models and rate changes.”

The Department previously set a goal to have 40% of MaineCare payments tied to value by the end of Governor Janet Mills' first term. At the end of 2022, the Department had exceeded this goal, with about 50% of MaineCare payments tied to initiatives rewarding high-quality care for MaineCare members.

MaineCare - Take Action to Stay Covered! If you have MaineCare coverage, be on the lookout for letters or e-messages from the Maine Department of Health and Human Services (DHHS) about the [need to complete an annual renewal form](#). DHHS will send you a reminder at least a month before your renewal and will send your renewal form at least 30 days before your renewal date.

Make sure your contact information with DHHS is up to date by logging into your [My Maine Connection account](#) or calling 1-855-797-4357 to confirm or change your contact information.

Learn more about what to expect during the renewal process, [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**.

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?

Believing one is failing at exercise, [whether or not that is objectively true](#), negatively affects health. Stanford Medicine explains [cyclic breathing](#), which can improve your mood and reduce anxiety. And coffee, which has [numerous health benefits](#), does not result in significantly more [premature atrial contractions](#). So savor that morning brew!

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

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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