

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

Good afternoon, Coffee CAHC readers! For fans of summer (not to mention *Pulp Fiction*), it seems appropriate to feature a little Dick Dale with [Miserlou!](#) For our part, we're blown away by [this version](#), performed by William Joseph, Caroline Campbell, and Tina Guo on piano and electric strings!

CAHC Welcomes New Board Member and Two New Staff Members



We are delighted to introduce Richard Evans, M.D., who has joined CAHC's Board of Directors. Dr. Evans, a longtime general surgeon in Dover-Foxcroft and Machias, is a past President of the Maine Medical Association.

Dr. Evans served as Chair of the New England Delegation to the American Medical Association (AMA) and as a member of the Steering Committee of the national Organization of State Medical Association Presidents (OSMAP). We'd like to congratulate him on his recent election as the incoming President to OSMAP.

He was selected by the Speaker of the House of Delegates of the AMA to serve on the AMA Compensation Committee. Dr. Evans was also appointed to serve as one of 13 members nationwide to the AMA Election Reform Committee.

A decorated veteran of the U.S. Air Force, Dr. Evans served as a Hospital Commander and later served as a Medical Group Commander. He served as State Representative of House District 120 during the 130th legislature.

We are also thrilled to introduce two new staff members: Ann Correia and Monica Clark. Ann is CAHC's new Communications Coordinator. She has a diverse background in graphic design and program management. A strong social justice and affordable health care advocate, she has volunteered for Bangor Pride, Equality Maine, and American Cancer Society. Monica, CAHC's new HelpLine Advocate, is a graduate of the University of Maine at Orono. She brings thirteen years of

social service agency experience to her work helping consumers explore health insurance options that maybe available to them.



Welcome Dr. Evans, Ann Correia, and Monica Clark

National Level

Facility Fees under Scrutiny. Outpatient facility fees, a charge separate from provider bills which are often tacked onto consumer medical bills, are being probed by both health policy researchers and policy makers. In June, Christine Monahan, Assistant Research Professor at the Center on Health Insurance Reforms at Georgetown University, [testified](#) before the US House Committee on Education and the Workforce Subcommittee on Health, Employment, Labor and Pensions that:

Changes to ownership in our health care provider markets [i.e., consolidation and the acquisition of physician practices and other ambulatory care settings] are driving up costs for consumers and employers. One cause behind this increase is that hospitals charge and insurers typically pay more for the same care when it is provided in a hospital setting, like a hospital outpatient department, than an independent practice. While this may be appropriate when the care being provided is more complex and the patient may need additional services only a hospital can safely provide, these higher payments currently extend even to the most routine, everyday services that can be safely and effectively provided outside of a hospital.

The Center has issued a [new report](#) on the imposition of facility fees and state action to constrain their growth. The authors wrote: “Both consumer advocates and regulators expressed concerns about the financial exposure facility fees create for consumers via increased out-of-pocket spending — driven by plans with high deductibles and other benefit design features that increase patients’ exposure to cost-sharing — and higher premiums resulting from increased spending on ambulatory services.”

Maine is one of the states highlighted. Under a law passed this session, the Maine Health Data Organization will publish an annual report on payments for facility fees. The law also creates a Task Force to review industry practices, review federal transparency requirements, examine efforts in other jurisdictions to regulate facility fees, and make recommendations to the legislature for changes in laws or rules regarding facility fees and medical cost transparency. Read CAHC’s press release on the new law [here](#).

Consumer Experiences with Health Insurance. In a new [report](#), Kaiser Family Foundation (KFF) reveals insured adults overwhelmingly support public policies to make insurance simpler and to help them avoid or resolve insurance problems. KFF surveyed 3,605 US adults with health insurance, finding that nearly half of insured adults who had insurance problems were unable to satisfactorily resolve them, with some reporting serious consequences. Affordability and coverage issues with mental health care remain significant problems. The survey also described Consumer Assistance Program (like the one here at CAHC!) and learned nearly eight in ten said they would be very (36%) or somewhat (43%) likely to use such a program.

ACA Preventive Care Provisions Remain in Effect. In March, Judge Reed O'Connor, who sits in the Northern District of Texas and has a [history of opposition to the ACA](#), blocked enforcement of the ACA provision that requires no cost coverage of preventive services recommended or updated by the U.S. Preventive Services Task Force (USPSTF) on or after March 23, 2010, including [PrEP medications for HIV prevention](#). The judge concluded it violated the rights of employers, including those who have religious objections to PrEP. However, if given effect, the decision could also [eliminate three-quarters of the ACA's preventive benefits for women, infants, and children](#).

The case is *Braidwood Management Inc. v. Becerra*. (Full disclosure: CAHC signed onto an *amici* brief in the case, supporting the Biden administration's position.) In May, the 5th Circuit Court of appeals issued a stay. In June, the Biden Administration and the plaintiffs in the lawsuit have [reached a deal to preserve the mandate](#) while the case moves through the courts. The agreement does allow Braidwood Management to stop covering PrEP.

Shortages of Cancer Drugs Impacting Health Care Nationwide. As reported at various news outlets, including [NPR](#), [The New York Times](#), and [CNBC](#), the US is experiencing shortages of at least 14 anti-cancer drugs, including cisplatin and carboplatin. The two are "used together for systemic treatment, are highly effective therapies prescribed to treat many cancer types, including lung, breast, and prostate cancers, as well as leukemias and lymphomas," according to [Medscape](#). The Food and Drug Administration (FDA) has taken action against multiple drug manufacturers in India, known as the "[Pharmacy of the World](#)," because of [its weak regulatory oversight of generic drugs](#), which make up more than 90% of prescriptions.

The National Comprehensive Cancer Network [reported](#) the shortages have impacted more than 90% of cancer centers in the US. The federal government has moved to alleviate the shortage of cisplatin injection by [temporarily permitting importation from China](#). In addition, the FDA has issued [draft guidance](#) that would require drug makers to provide the FDA with 6 months' notice if they anticipate shortages or intend to discontinue a drug. Inevitably, however, part of the problem is [generic drugs are not profitable to produce](#) in an industry [driven by profit](#).

Related: A new [report](#) from [Patients for Affordable Drugs](#) details the huge impact the out-of-pocket cap of \$2,000, part of the Inflation Reduction Act and set to go into effect in 2025, will have on cancer patients on Medicare. Out of the 61,968 people with traditional Medicare who get a brand-name cancer drug through Medicare Part D, 99% will experience savings on average of \$7,590. Unsurprisingly, the drug industry [is suing to halt Medicare negotiations](#) later this year.

ICYMI:

- Check out Community Catalyst and US PIRG Education Fund's guide to dealing with [medical debt](#).
- CAHC supports [The SITE Act](#), a bipartisan bill to fix the Medicare billing structure that allows hospital systems to charge hospital rates for care received at off-campus outpatient facilities.

- The Center on Budget and Policy Priorities is [tracking Medicaid coverage](#) as a result of the unwinding.
- And the Center for American Progress [published a study](#) showing the health care costs of extreme heat could exceed \$1 billion annually.

State Level

Governor Mills Signs Bill to Expand Access to Abortion in Maine. Earlier this week, Governor Mills signed into law [LD 1619](#), An Act to Improve Maine's Reproductive Privacy Laws. The bill, which was sponsored by House Speaker Rachel Talbot Ross, will improve access to abortions in Maine.

Maine currently restricts abortions later in pregnancy only to “preserve the life or health of the mother,” excluding circumstances such as fetal anomalies. It therefore leaves some people without access to the medical care they need. For example, one Maine woman, [Dana Peirce](#), discovered 32 weeks into her pregnancy that her baby had a deadly form of [skeletal dysplasia](#). Dana had to travel all the way to Colorado to terminate her pregnancy because she wasn't able to access an abortion in Maine. Maine's new law removes this rigid restriction and ensures that the deeply personal decision about whether to have an abortion later in pregnancy is made by the individual who is pregnant and their doctor, consistent with all applicable standards of care.

“Maine law should recognize that every pregnancy, like every woman, is different, and that politicians cannot and should not try to legislate the wide variety of difficult circumstances pregnant women face,” [said Governor Janet Mills](#). Instead, we should recognize the complexity of pregnancy and, like every other health care procedure, take government out of the decision-making process and put the doctor and patient in charge.”

Governor Mills also signed several other reproductive rights bills into law:

- [LD 263](#), An Act to Ensure Access to Family Planning Services, sponsored by Representative Melanie Sachs
- [LD 616](#), An Act to Protect Health Care Professionals Providing Reproductive Health Care Services, sponsored by Representative Amy Kuhn
- [LD 935](#), An Act to Remove Barriers to Abortion Coverage in Private Insurance, sponsored by Representative Matt Moonen
- [LD 1343](#), An Act to Protect the Reproductive Freedom of Maine People by Preempting the Field of Abortion Regulation, sponsored by Representative Laura Supica

Governor Mills Signs Bill To Create Task Force on Hospital Facility Fees. Governor Janet Mills signed into law [LD 1795](#), An Act to Create Greater Transparency for Facility Fees Charged by Health Care Providers and to Establish the Task Force to Evaluate the Impact of Facility Fees on Patients. The bill, which was sponsored by Senate President Troy Jackson received unanimous support from the Maine Legislature.

The new law aims to shed light on the impact that facility fees have on patients and improve medical cost transparency. The law directs the Maine Health Data Organization (MHDO) to create and annually publish a report on payments for facility fees in Maine and establishes a task force to evaluate the impact of facility fees on patients. The task force will:

- Review industry practices for charging facility fees, as well as how these funds are used and the impact of facility fees on patients;
- Review federal transparency requirements regarding cost of treatment for hospitals and health insurance carriers, identify any gaps or redundancies between federal and state laws, and identify any issues with enforcement;

- Consider efforts in other states and by national organizations related to facility fees and what impacts these efforts would have on health care costs if implemented in Maine; and
- Make recommendations to the legislature for changes in laws or rules regarding facility fees and medical cost transparency.

Read CAHC's full statement commending the signing of LD 1795, [here](#).

Insurance Companies Propose Double-Digit Premium Increases for 2024 Health Plans.

Insurance companies have [filed their proposed premium rates](#) for 2024 individual and small group health plans.

Insurers have requested an average rate increase of nearly 18% for individual plans and just over 16% for small group plans. These are only averages, though, so proposed rates for some plans may reflect much larger increases, more than 25% for some plans, while proposed rates for other plans may reflect much smaller increases, or even a premium decrease in some small group plans. It is also important to remember that anyone who qualifies for premium tax credits through CoverME.gov will be largely insulated from the effects of premium fluctuations, since premium tax credits will also increase if premiums increase.

The Maine Bureau of Insurance (BOI) has posted a [helpful chart](#) showing the highest, lowest, and average rate increases and decreases proposed by each company for individual and small group plans. You can also find detailed rate filing documents and justifications from each company [here](#), by clicking "Search Public Filings" and entering the SERFF Tracking Number for the company and plan type (individual or group coverage) you are interested in.

It is important to note that these are only *proposed* rates, which now must be [reviewed by Maine's Superintendent of Insurance](#). The Bureau of Insurance will hold a [virtual public meeting on the proposed 2024 premium rates on Thursday, August 3rd at 1:30 P.M.](#) If you own or work at a small business that offers health coverage, have individual coverage, including a plan you purchased on CoverME.gov, or if think you might want to offer or enroll in one of these plans next year, this is your opportunity to let the Superintendent of Insurance know what you think about the proposed 2024 premiums and how the proposed changes to premium rates may affect you, your family, employees, or small business.

You can register to attend the hearing, [here](#). You can also submit written comments through August 10th to karma.y.lombard@maine.gov or mail to:

Karma Lombard
Maine Bureau of Insurance
34 State House Station
Augusta, ME 04333-0034

Do You Have MaineCare? Stay Connected to Stay Covered! Due to federal changes, [DHHS recently began conducting annual MaineCare eligibility renewals](#) for the first time in more than three years.

If you have MaineCare, keep an eye out for notices from Maine DHHS. **If you get a blue striped envelope in the mail, it's time to renew!** If you signed up for e-notices, you will get an email or text message when it's time to complete your renewal through your online [My Maine Connection](#) account. Learn more, [here](#).

If you have questions or need help completing a MaineCare annual renewal, or if you need help finding or transitioning to other health coverage, 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?

MIT scientists [have developed](#) a metal-free, jelly-like material that is like biological tissue but which can conduct electricity like conventional metals. And a chemical engineer at the University of California [is fabricating](#) miniature, lab-grown organs.

Until next time,

The staff at CAHC



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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