State of Maine | 130th Legislature
Joint Standing Committee on Health and Human Services
Testimony of Marge L. Kilkelly, MS, CED, on behalf of Maine Primary Care Association
April 15, 2021
Supporting:

LD 718, “An Act To Improve the Health of Maine Residents by Closing Coverage Gaps in the MaineCare Program and the Children’s Health Insurance Program”

Sponsored by Representative Talbot Ross

Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, I am Marge Kilkelly, Policy Program Manager at Maine Primary Care Association (MPCA). MPCA is a membership organization that includes all of Maine’s 20 Community Health Centers (CHCs).

Maine's CHCs provide comprehensive medical, behavioral, and dental care for approximately 1 in 6 Maine people. Community Health Centers make up the largest primary care network in the state, and they provide high quality, wide-ranging health care services. They are at the forefront of delivering care to rural and underserved Maine communities, and serve patients regardless of their health insurance status or ability to pay.

Maine Primary Care Association supports LD 718 and thanks Representative Talbot Ross and the other sponsors for bringing this legislation forward.

Health care coverage for children, all children, is critical to their ability to develop, learn and prosper. Children with health care coverage are more likely to be current on vaccines, have developmental or physical conditions identified earlier - resulting in better outcomes - and be better prepared to participate in educational opportunities. In fact, many benefits are more pronounced as the child grows into adulthood, and health coverage has been found to be a significant factor in determining a child’s success in education, work, and being an active participant in their community.

In December 2020, the Commonwealth Fund Issue Brief on Medicaid1 identified the following benefits:

**Better health.** Medicaid coverage in early life is associated with a decreased incidence of chronic conditions as measured by an index of conditions (obesity, diabetes, heart disease or heart attack, and high blood pressure) in adults ages 19–362

**Fewer hospitalizations and emergency room visits.** Medicaid in early childhood is associated with a reduction in hospitalizations, particularly related to diabetes and obesity, in adults ages 19–36.3

**Lower mortality rates.** Each additional year of Medicaid childhood eligibility is associated with a decline in mortality rates among young adults.4

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Higher education achievement. Medicaid coverage of children, and of their mothers during pregnancy, was associated with increased rates of high school graduation, on-time high school graduation, college enrollment, and four-year college graduation.\textsuperscript{5}

Strong rate of return on government investment. More than half of the cost of Medicaid coverage in childhood was offset by higher tax receipts in adulthood.\textsuperscript{6} The cost of coverage also was partially offset by reductions in disability benefit payments.\textsuperscript{7} Lower total costs related to reduced hospitalizations in adulthood also may offset a portion of the cost of Medicaid coverage.\textsuperscript{8}

On behalf of the patients, staff, and volunteers at Maine’s Community Health Centers, we urge passage of LD 718.

Thank you for considering our comments, and please do not hesitate to contact me directly at mkilKelly@mepca.org with any follow up questions.

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\textsuperscript{5} Miller and Wherry, “Long-Term Effects,” 2019
\textsuperscript{7} Goodman-Bacon, \textit{Long-Run Effects Childhood}, 2016.
\textsuperscript{8} Miller and Wherry, “Long-Term Effects,” 2019.