



Maine Association of
Area Agencies on Aging
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WRITTEN TESTIMONY OF JESSICA MAURER, EXECUTIVE DIRECTOR
OF THE MAINE ASSOCIATION OF AREA AGENCIES ON AGING

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Senator Craven, Representative Farnsworth and members of the Joint Standing Committee on Health and Human Services:

My name is Jessica Maurer. I am the Executive Director of the Maine Association of Area Agencies on Aging (M4A). M4A is a private, non-profit organization that is the advocacy voice for Maine's five Area Agencies on Aging on issues that promote independence, dignity and economic self-reliance for Maine's seniors.

M4A strongly supports LD 1066. This important bill will expand health care coverage to thousands of older Mainers who do not qualify for Medicare or MaineCare, who are unemployed or underemployed and who cannot afford private insurance. It will also create thousands of new jobs and help to stimulate our economy.

Maine's median age is about 43. Remarkably, nearly 31 percent of Mainers are between the ages of 45 and 64. Our rapidly increasing population of older adults will necessarily result in an unprecedented demand for both health care and long term care services. A sound public policy response to this certain likelihood is to promote population health and functional independence.

The Center for Disease Control estimates that only about 25% of those between ages 50 and 64 are up-to-date on recommended health screenings, also known as clinical preventative services. In Maine, this equates to nearly 227, 000 people. Clinical preventive services, which include immunizations, screening tests and counseling to prevent the onset or progression of disease and disability, are important tools to maintain the health of older adults. These services prevent chronic diseases, shorten illnesses and lower functional limitations. While there are many reasons why people do not access health screenings, lack of insurance is a primary one. Expanding health care coverage to low-income Mainers of this age will increase access to preventative health screenings at a time when many health problems manifest and become detectible.

Volumes of research have demonstrated that poor health is not an inevitable consequence of aging. In fact, it's well demonstrated that many age-related health problems and diseases, even including some types of cancers, can be prevented, treated and even reversed through healthy behaviors, preventative health services and appropriate supports. Critically, when

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patients use preventative health care, change their behaviors and utilize available supports and services, population health increases and health care costs drop. These demonstrated results are driving the health care transformation efforts in Maine and nationally.

Access to health care is only one piece of the puzzle – but it's a critical piece. There are many on-going initiatives in Maine, including the Value-Based Purchasing MaineCare Health Homes, Accountable Care Organizations and Patient Centered Medical Homes, that are transforming the delivery of health care services in Maine. Maine's Area Agencies on Aging and other community-based organizations are collaborating with these initiatives to get people to use health care once they have access and to teach them to better self-manage their chronic conditions. Combined, these efforts will increase population health, decrease costs and reduce overall strains on our health and long term care systems.

Beyond increasing health and decreasing health care costs, there are a couple other good reasons to expand health care coverage to nearly 70,000 low-income Maine people.

Our faltering economy has hit low-income older Mainers hard. The U.S. Department of Labor says that since the recession, unemployment of workers 55 and older has increased sharply. For older workers who lose their jobs, they are likely to remain unemployed longer than their younger counter-parts. Not only will unemployed older Mainers benefit directly by gaining access to health care coverage while they're looking for work, the millions of federal dollars that will come into Maine from health care spending will create an estimated 3,100 new jobs.

Finally, expanding MaineCare coverage to Maine's low income workers will have an impact on the financial health of social service agencies that employ direct care workers and the family caregivers and aging adults who rely on these workers for care. In 2014, employers will be exposed to tax penalties if their employees obtain a subsidy to help purchase health insurance. This tax penalty may push some direct care service programs out of business. That's because many wages for direct care workers are tied directly to low reimbursement rates for services set by the state. If LD 1066 passes, low income workers can secure coverage through MaineCare and their employers will not face this penalty.

For all of these reasons, we urge you to vote in favor of LD 1066.

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