

Bonnie Brooks- Guardian of Individual on MaineCare

I was responding in behalf of the woman for whom I am guardian and how the 1115, if approved, would affect her. I am guardian but not financially responsible. She receives SSI and SSA which, in total, is not enough to cover her current room and board and personal needs.

Were the 1115 to pass, as written, she could never afford \$20 co-pays for missed appointments or trips to the ER when not admitted. She is very complicated with Borderline Personality Disorder, epilepsy, C.P., intellectual disabilities, physical disabilities and she is exceptionally aggressive. There are days when she is so behaviorally involved that taking her outside of her group home presents a danger to herself and others. There are other days, when she has seizures and is too sick to leave home.

Because of falls and serious medical issues, there are many times when she is taken to the ER to be sure she has not broken a bone, received a concussion and so on.

Again, I am not on MaineCare. I am actually CEO of OHI. I've been Shelly's guardian since she was 18. She is now 55. If I can answer further questions, please don't hesitate to contact me.

My name is Jacqui Deveneau. My testimony is short and is not using specifics from the waiver, as I come from the humane direction on this and will let those who are more versed on the Waiver speak on that. I live in Portland, after losing my job and my mobile home and car, I now live in subsidized housing. I live on \$692 a month SS without MaineCare to augment my Medicare I would be in big trouble. Furthermore, paying co-pays to use the emergency room and being charged for missed appointments would create a huge financial hardship for me, as I live on a very tight budget, barely making ends meet to pay for food and housing. And I am just one of so many aging seniors who would be facing this. We are not just numbers to be played with to save money. We are human beings and deserve to be treated as such. I find it sad and inhumane that the fate of so many in need could be sold for money sake. As a senior, I should not have to be worrying about healthcare at this stage in my life. I say SHAME on both Mayhew and LePage for wanting to make my life and those of so many other people in need harder. And trust me for some, this will be the difference between life and death. SHAME, SHAME, SHAME.

Dear Rep. Farrin,  
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legislature.

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I am a teacher in central Maine in one of the poor  
County. The families in my community would be  
1115 waiver. Their health needs affect their child  
DHHS should be looking for new ways to suppor  
deny them benefits. Not everyone is capable of w  
from mental illness. This is just a fact of life.

DHHS should be guided by compassion. If not, tl

Please write and let me know what you plan to d  
Section 1115 waiver.

Sincerely,  
Lisa Savage  
30 Hole in the Wall Rd.  
Solon, ME 04979

Dear Rep. Farrin,

Medicaid Waivers were created by Congress to promote health care, not deny it. Maine DHHS should NOT seek a Section 1115 waiver with no input from the Maine legislature.

Maine's proposed DHHS waiver will create barriers that reduce access to timely health care for thousands of Mainers in poverty. Other states have asked for a waiver in order to apply work requirements as a condition of eligibility for Medicaid. Those requests have been denied, because the federal agency that oversees Medicaid has stated that adding work requirements to Medicaid, a health care program, is **inconsistent with the objectives of the Medicaid Act**.

I am a teacher in central Maine in one of the poorest school districts in Somerset County. The families in my community would be adversely affected by a Section 1115 waiver. Their health needs affect their children's ability to concentrate and learn. DHHS should be looking for new ways to support these families, not new ways to deny them benefits. Not everyone is capable of working, especially people suffering from mental illness. This is just a fact of life.

A specific example would be a student at my school who was abandoned by both parents and lives with his stepfather, who is totally disabled. The student also has a learning disability and receives special ed services. Medicaid supports home health care for the stepfather and also school staff to meet the student's right to be educated in the least restrictive environment. The family lives on the income from the father's disability check and would be adversely financially impacted by additional healthcare costs such as the premiums, charges for missed appointments and copayments for using the emergency room.

DHHS should be guided by compassion. If not, they should resign.

Please write and let me know what you plan to do about the DHHS plan to apply for a Section 1115 waiver.

Sincerely,

Lisa Savage

30 Hole in the Wall Rd.

Solon, ME 04979

**May 18, 2017**

**Opposition to Section 1115 Medicaid Waiver**

My name is Chris Rusnov and I live in Winslow. My husband is guardian to his 64 year old Down syndrome brother Jon. Jon who has lived in Ellsworth for almost 50 years, is a well-known and loved member in the community. He has resided most of those years with his family but now needs to live in a group home. Over the last 10 years, because of aging and other factors related to his condition, we have seen an increase in the frequency and severity of his medical problems. We visit him weekly, and my husband attends all of Jon's medical appointments.

A few weeks ago my husband had to leave work to meet Jon and his staff at the emergency room. Jon had had a seizure -- the first time ever -- and staff appropriately called 911. After several hours of examination, observation, and testing, the doctors determined that Jon did not need to be admitted. He instead was sent home with medicine, appointments for follow-up studies and doctor visits, and instructions on how to monitor and support him. I think any reasonable person would agree that this ED visit was necessary even though Jon did not need hospitalization.

Now, I understand that this proposed waiver would not affect Jon in terms of having to pay the \$20 penalty because he is a dual-eligible – covered by Medicare as well as Medicaid. But would you expect any reasonable person faced with the same situation to decide any differently? Why would you want to penalize someone for making the right decision?

There are many situations that can come up that require an ED visit ...like a broken arm, a severe migraine, or bout of the flu. These all require special temporary support, but not hospitalization. We should be grateful it's not a hospitalization but it might lead to it if the initial incident is ignored. This waiver will cruelly add yet another barrier preventing people - who already struggle financially in so many ways - from getting potentially lifesaving care or postponing care leading to higher cost. This doesn't make sense.

Finally, due to the extreme changes proposed in the waiver and that fact that many people will lose access to health care, I think it is critical that the Legislature be included in this decision-making ensuring that it gets a thorough examination...including a public hearing and full legislative vote. Constituents deserve to have their legislators involved, and deserve to know where they stand on protecting access to health care for all Maine people.

Thank you

May 18, 2017

## Testimony in Opposition to Medicaid Waiver 1115

I have been a family physician in Farmington for the past 34 years. Mine is a community private practice and it has always been a source of pride that we have never, as many have, excluded Medicaid patients from our office. Reflecting the composition of our community we have many patients who rely on MaineCare for the health care. These waiver proposals are wrong headed and contrary to the spirit of the Medicaid program and the needs of these patients. Work requirements, co pays, and calendar limits to coverage would all have the effect of depriving many patients of their necessary care. The goal and purpose of the Medicaid program is to provide health care to the poor, disabled, and elderly, and we should not allow partisan social policies to get in the way of the necessities of health care for this needy population.

Here is a short, illuminating story. As part of my practice I provide medication assisted treatment for people with opiate addiction and a few years ago one of my patients lost her MaineCare because the proof that she had been seeking employment was lost by DHHS. She could not afford her suboxone, relapsed, and then lost custody of her children because of her relapse, a relapse that was directly attributable to the mishandling of her work requirement by DHHS. This error was ultimately recognized by the department but too late for my patient.

This anecdote brings me to my final point. We all know we are in the midst of a worsening opiate addiction epidemic in Maine. Treatment is effective but expensive and compassion and common sense tell us that insurance should be more, not less available for our poorer citizens, who are most heavily afflicted.

Steve Bien, MD

Wilson Stream Family Practice

Farmington, Maine 04938

207 778 9531

May 18, 2017

### **Testimony in Opposition to Medicaid Waiver 1115**

My name is Jeffrey Kerr. I live in Farmington, and serve as the chairman of the Farmington Consumer Council. I am here today to tell you that we the people of Maine need MaineCare.

When I was 2 years old I started shaking. I was taken to the best hospitals and all the neurologists of Maine but they did not know what was wrong. When I was 5 years old, I began having grand mal seizures. My parents took me to Mass General, and I was diagnosed with Epilepsy.

Then we moved to Maine, where I grew up living with Epilepsy. I didn't know what kind of life I would have. Let me just say it is not fun living with Epilepsy. They put you on all these meds, some work and some do not. I had so many medications and doctor's visits, that we needed MaineCare to help pay. Then we relied on MaineCare to pay for my surgery and rehab as well. I wouldn't be living now if not for MaineCare.

Today, I continue to need MaineCare for my medications, doctor's visits, and trips to the ER. If this federal waiver is passed, I wouldn't be able to afford the added ER costs.

As chairman of the Farmington Consumer Council, I also feel responsible for the community I represent. I am concerned for the elderly in Farmington, and for the lack of jobs there. Not many people can afford health insurance in our town. People really can't afford what Mary Mayhew says we can.

Many people I know in Farmington need meds for mental health reasons. Going without meds is not an option. I know many people who sometimes go to the ER if they're in a crisis or need to meet with a specialist. None of these people could afford the higher ER fees proposed in the federal waiver.

As you can see, I'm here to fight not only for myself, but for the citizens who cannot fight to stand up for themselves. We need to reject the Section 1115 federal waiver so Maine can protect MaineCare and the peace of mind it provides.

## Notes for testimony on Waiver 5/18/17

I'm the parent of a 15 year old who was just cut off cub care – 2 yrs of cub care was the only coverage she has had since my disability forced me to give up the professional job I had when she was 2.

I was lucky to have a great education and a great work ethic. I earned scholarships and worked hard through college and grad school. I got my first choice job coming out of school and excelled at it. And then the bipolar disorder I have had since I was a teen worsened and destroyed the life I built.

I kept trying over and over to work since I was found to be disabled. The job I have had for 5 years – part time in a church – is the only one I haven't been forced to quit due to my disability. Even so, I have been hospitalized once since taking the job. Most employers would have fired me for missing weeks of work.

There are so many people like me in the group your waiver will harm. I wanted to talk to you today because I am currently living what is likely to happen to the people directly affected by your action.

Our income is right on the edge of cub care eligibility – you surely know better than I how my daughter could suddenly be ineligible when the only difference in my income from last year to this was a cost of living increase in SSDI.

Eligibility doesn't take into account medical debts I already have incurred over the last 5 years from copays and premiums. My daughter's broken arm was \$5K. My share of my in-patient mental health copays is so much more. Add to that the copays for the surgery I had when it looked like I had cervical cancer. Then there's the ER and a night in the hospital for chest pain caused by inflammation around my heart.

Because of copays and premiums on past medical treatment, I am unable to afford medical insurance for my daughter now. Because of copays and premiums, I am doing without health care that I need. My doctor has told me repeatedly I need a sleep study for apnea because I probably have it and it increases my risk of stroke. I have been postponing it for years because I don't want to take on another bill. Even if you are callous enough to disregard the human cost, let me ask you this: If a person on Medicaid does what I do and has a stroke, how much money will your waiver have cost you? Or are you counting on them dying so you won't have to pay anything at all?

Because of copays on prescription medicine, on top of payments for medical care I have already received, I ration the medicine that allows me to be a more productive member of society and keeps me from needing in-patient mental health care. This is neither medically wise nor comfortable, but it is my reality and it is the reality you will be forcing on people who, like me, are at the higher margins of eligibility because they are doing things RIGHT – trying to work, trying to contribute, trying to take care of themselves and their families. And again – how much is saved in the long run if Medicaid has to pay for hospitalizations and rehabilitations because of choices forced by your waiver?



Testimony in opposition to the Maine Department of Health and Human Services request for a Section 1115 Medicaid Waiver.

My name is Margaret Hoffman. I am a retired occupation therapist. I practiced in Maine for 42 years, treating patients with serious mental disorders, physical disabilities, and persistent pain conditions. Many of my patients were Medicaid recipients. And many were between the ages of 19 and 65, were not parenting children or pregnant, were not deemed fully disabled, but carried serious medical conditions that put them at risk of worsening health. The provision in the waiver that limits eligibility to only 3 months out of a three year span is totally inappropriate to the needs of these patients. They require ongoing periodic monitoring and intervention to sustain their adequate functioning. They were striving to maintain employment or home-based occupation, in the face of limitations due to the symptoms they carry all the time. It is truly unfair to further punish them with huge barriers to necessary medical care. Their conditions will then worsen; they will then need to apply for full disability and their care and financial support will be more costly. As with other categories of persons who under the waiver will lose access to healthcare, this change will result in increased medical care costs in Maine; and the human cost in needless additional suffering is a path to immoral State policy.

Because these patients have often for years been barely maintaining function, they are often right on the edge of financial ruin, and do not have money to pay premiums, or co-pays, or for missed appointments. And they are more vulnerable to having to miss appointments because of barriers to reliable transportation or babysitting. I never charged any of my insured or uninsured patients for missed appointments, primarily to maintain a consistent policy no matter a patient's status.

Because so many people will lose coverage or encounter prohibitive barriers as a result of the waiver, it is a recipe for an increase in poverty in Maine as a result of medical bankruptcies, with more expensive consequences for our communities. And providers like myself, who have a commitment to serving all who are in need of medical care to prevent disabilities and premature death—they will incur significant deficits that undermine the effectiveness of our State's healthcare system.

I urge the Department to end its efforts to add more burdens and restrictions on Mainers in dire need of access to medical care; and to withdraw its request for this waiver.

Thank you,

Margaret Hoffman

2 Claire Street

Lewiston, Maine 04240

To DHHS Commissioner Mayhew:

This is my testimony offered, re: the hearing process invitation for citizen input:

The intent of the Medicaid Law was to help people, so that the people could contribute back to their communities in positive and enriching ways, thereby making our country America healthy and strong.

Your waiver, however, if enacted, would destroy these people; therefore, bringing a tearing affect on the integral fabric of their communities - so going our state, our country!

Your waiver proposal, however, runs completely in a counteractive, illogical, destructive, economically unsound and cruel, punitive direction; thereby the attempt to nullify the law's ostensible intent. It also runs completely counter to federal and state laws, in virtually all aspects.

I'm an elderly and disabled MaineCare recipient. I am dead set against this waiver because my loved ones are already having to deal with the subtle cut backs and disruption in our coverage. With this planned waiver we would have to deal with more financially stressful drains. All of us live day-to-day on inadequate SSI and dwindling Snap resources (YES, we are dirt poor), struggling to keep our heads above water. The monthly premiums, charges for missed appointments and copays for visiting the ER would hit my budget hard. It does not sound like a lot of money but it adds up when you live on such a tight budget. Furthermore, the financial strain that this waiver would put on me increases my stress and high blood pressure, resulting in an exacerbation of my disability which leads to more challenges. This waiver impacts not only me, but my sister, my fiancée, my friends and my community and unfairly penalizes the poor.

Additionally, your attempt at this move, an end-around the state legislature is so noted, and is not in anyway appreciated!

Regarding this shameful move, I remind you that State Senator Shenna Bellows made it perfectly as she testified in yesterday's hearing in Augusta, that this waiver cannot move along, WITHOUT THE INCLUSION OF AN INFORMED LEGISLATURE, NOR WITHOUT ITS CONSENT!!

***William Tibby***

William Tibby  
Mount Vernon, Maine

Dear DHHS Policy Makers,

My name is Jessica Harris and I live in Bangor, Maine. I am a University of Maine Graduate and a former youth of the DHHS foster care system.

I am also a member of Improving Maine Policy as a Collaborative Team (IMPACT) which hopes to use its member knowledge and experience to advocate about policies that could improve outcomes for Maine's youth in care. I am writing to you today to tell you about my concerns about the proposed MaineCare Waiver application.

When I aged out of foster care it was before the ACA was around so after the age of 21 I had to figure out how to solve all my medical needs on my own. Being a college student trying to make ends meet with a job at McDonalds I did not have the funds to see a doctor during the 2 years before the ACA gave insurance back to foster youth until their 26<sup>th</sup> birthday. I felt alone and abandoned by the system. All the money I had went towards rent, my car, and education. I only have \$10 a month to spend on all my other needs. I developed medical debt and would often try to treat myself at home with over the counter medications. One time I miss-diagnosed myself and went to the emergency room. Although I was not committed I was in bad shape and stuck with a bill I could not pay.

My biggest worry about the changes that are being asked by this waiver is how it is going to destroy the possible futures of foster youth. One that I feel is especially concerning is charging a full visit to a person because it was missed. Many foster youth in Maine do not have their own vehicles like I do. In fact, many rely on others to transport them. If a youth has a person forget to bring them, or worse, never shows up you would be crushing that person even more. They may even neglect necessary treatment just in case they cannot make it last second. These fees could result in medical debt for youth in care and that could seriously negatively impact their ability to get a car, home or even employment. If your child missed a doctor's appointment and they were under your health insurance would you force them to choose between that bill or rent? That bill or food? No, a good parent would support them.

I ask that you would consider making an exception to your waiver rules for foster care alumni. This population is already struggling with so many other hardships because they never found a

family to love and care for them as their own, why should DHHS, the people who took over the role of parents when they became wards of the state neglect their children now?

The MaineCare services that youth receive as they are aging out of the foster care system seems like the only thing going right in many of their lives. MaineCare is something we rely on to be there when we need medical assistance. Do not turn that one relief into a financial monster that will eat us up without mercy in our moments of need. Please keep what we have now and protect your children.

Thank you for taking the time to read my thoughts about this MaineCare Waiver. If you have any questions, please do not hesitate to contact me at [Advocating.J@gmail.com](mailto:Advocating.J@gmail.com).

Please take my words to heart,

**Jessica Harris**

**IMPACT Policy Leader**

**Alumni of the Maine foster care system**