

## **Public Testimonies in support of universal health care in Maine**

LD 1397 “An Act To Establish a Single-payor  
Health Care System To Be Effective in 2017”



**Rep. Charlie Priest**, District 63, D - Brunswick chief sponsor of the LD 1397 (along with 55 co-sponsors) introduced the bill before the Joint Standing Committee on Insurance and Financial Services on May 3rd, 2011 in Augusta.  
*(As part of his presentation Rep. Priest read excerpts from the bill).*

**The Maine Health Care Plan is established to provide security through high quality, affordable health care for the people of the State. ([Read more...](#))**

**Maine Health Care Plan** The plan has the following goals:

- A. To provide uniform access to health care for every resident of this State;
- B. To eliminate income-based disparity in the health care status of residents;
- C. To reduce the rate of growth in the cost of health care services;
- D. To reduce waste and inefficiency in the administration of health care services and health insurance;
- E. To increase access to primary and preventive health care services;
- F. To reduce the number of excessively expensive health care procedures and eliminate unnecessary and harmful procedures;
- G. To promote cooperation among communities and providers of health care, to eliminate cost-accelerating practices, to coordinate the delivery of care and use of technology and equipment and to increase quality and cost efficiency;

- H. To distribute the costs of health care fairly and equitably;
- I. To simplify the health care system for consumers, businesses and providers;
- J. To ensure providers clinical freedom to treat patients based on health care needs and criteria; and
- K. To ensure accountability in all aspects of the health care system to promote public confidence and control of costs.

**Health care benefits.** ... the plan must provide coverage for health care services from participating providers within this State if those services are necessary or appropriate for the prevention, diagnosis or treatment of, or maintenance or rehabilitation following, injury, disability or disease. The agency shall adopt rules regarding provision of the covered health care services in this subsection:

- A. Hospital services;
- B. Medical and other professional services furnished by participating providers;
- C. Laboratory tests and imaging procedures;
- D. Home health care for persons requiring services performed by or under the supervision of professional or technical personnel, including, but not limited to, home care for acute illness, personal care attendant services and the medical component of home care for chronic illness. Notwithstanding any other provision of law, the plan may use nominal copayments for permanent care services;
- E. Rehabilitative services for persons receiving therapeutic care;
- F. Prescription drugs and devices. Unless the prescribing practitioner certifies that a more expensive drug is medically necessary, the plan may cover only part of the cost of a drug dispensed in a package or form of dosage or administration when the agency determines that a less expensive package or form of dosage or administration is available that is pharmaceutically equivalent in its therapeutic effect. If a plan member chooses to purchase a more expensive drug under this paragraph, the plan member is responsible for paying the amount not covered by the plan;

G. Mental health services;

H. Substance abuse treatment;

I. Primary and acute dental services;

J. Vision appliances, including lenses, frames and contact lenses, according to a schedule established by the agency;

K. Medical supplies and durable medical equipment and selected assistance devices;

L. Hospice care; and

M. Health care services payable pursuant to Title 39-A for all employees whose date of injury is on or after the effective date of this section.