

# MaineHealth

## Testimony of John Vella, MD

### Maine Medical Center

### In Support of LD 1317

## **“An Act To Restore Services To Help Certain Noncitizens Meet Their Basic Needs”**

**April 12, 2019**

#### MaineHealth Member Organizations:

Franklin Community Health Network  
LincolnHealth  
MaineHealth Care At Home  
Maine Behavioral Healthcare Memorial Hospital  
Maine Medical Center  
NorDx  
Pen Bay Medical Center  
Southern Maine Health Care  
Synernet  
Waldo County General Hospital  
Western Maine Health

#### Part of the MaineHealth Family:

MaineHealth Accountable Care Organization

#### MaineHealth Affiliates:

MaineGeneral Health  
Mid Coast-Parkview Health  
New England Rehabilitation Hospital of Portland  
St. Mary's Health System

Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Dr. John Vella, Director of Nephrology and Transplantation at Maine Medical Center, and I am here today to testify in support of LD 1317, “An Act To Restore Services To Help Certain Noncitizens Meet Their Basic Needs.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth’s members are committed to providing access to health care services for all patients, regardless of their ability to pay or immigration status. In fact, MaineHealth provided almost \$45 million in charity care last year alone.

In spite of MaineHealth's members’ policies to support access, we often find that uninsured patients do not obtain recommended preventive care and they delay accessing necessary diagnostic and treatment services more often than those who have third-party coverage. This scenario can ultimately result in a higher level of complexity and more costly treatment for conditions that could otherwise have been prevented or addressed much earlier. Since the 2013 reduction in MaineCare eligibility for legal non-citizens, for parents of children, and for childless adults, MaineHealth's providers have seen an increase in the number of patients with serious illness who are delaying or stopping treatment that is critical to their health. For this reason, MaineHealth was one of the early advocates of MaineCare expansion – and it is for this reason that we are supporting LD 1317, so that coverage can be restored for the legal non-citizens that were impacted.

While MaineHealth health systems and clinics do not inquire a patient’s immigration status, our providers come to know their patients and their personal stories over the course of caring for their physical and mental health. Currently, Maine Medical Center provides pro bono outpatient dialysis in our inpatient dialysis unit for a cohort of immigrants, many of whom are refugees or asylees. The absence of MaineCare eligibility has far reaching consequences for these individuals who are unable to access outpatient dialysis services without third party medical insurance. Importantly, inpatient dialysis facilities focus on the

acute care of critically ill patients with kidney failure, while outpatient dialysis facilities focus on stable patients with end stage renal disease. In truth, these are very different populations with different needs.

Over the last eight years, we have provided dialysis care for 13 such patients. By way of current example, we have been dialyzing a young woman who arrived in the US from South Sudan to visit her terminally ill father. While here, she learned she was pregnant with twins and during the course of antenatal care, she also learned that she had end stage renal disease. I'm happy to report that with judicious dialytic and obstetric care, she delivered healthy babies in 2017. Unfortunately, she remains dialysis dependent with us as she has no access to outpatient dialysis. As a single mother of twins whose only family member, her father, has since passed, her inability to access dialysis closer to home is a nightmare. Furthermore, she will be unable to access transplantation services due to her lack of healthcare coverage.

Fortunately, there is light at the end of the tunnel for at least some of these patients. We have another young man who arrived in the US in 2014 from Eritrea who initiated dialysis soon thereafter with support of Free Care provided through Maine Medical Center, and shelter provided by fellow Eritreans. Through a long and involved process that involved many hours of pro bono legal activity, he was granted asylum status on a pathway to a Green Card and permanent residency. He subsequently was enrolled in MaineCare and we transplanted him last year. I am delighted to report he is doing extremely well.

These examples are just a few of the countless stories that I could share from across the MaineHealth system, from our outpatient clinics to our emergency departments. I also wish to point out that such issues are not restricted to the greater Portland area. Our colleagues in Bangor and Lewiston are dealing with very similar problems. With that said, MaineHealth applauds the Mills Administration for quickly implementing MaineCare expansion, but we urge the Committee to support LD 1317 to address the remaining population impacted by the previous coverage reductions. Thank you for your time and I would be happy to answer any questions that you may have.