

Paul LePage Overview

Paul LePage is making life more expensive for everyday Mainers and making life harder for seniors.

Paul LePage Is Making Life More Expensive For Everyday Mainers And Making Life Harder For Seniors.

Backup below.

Paul LePage Message #1

Paul LePage is lying about protecting Mainers' Social Security and health care

Paul LePage claims he saved rural hospitals. But as Governor, LePage vetoed a bill to keep rural hospitals open. He even vetoed Medicaid expansion six times, threatening the funding rural hospitals rely on to keep their doors open. Now he backs Washington's rural healthcare cuts that threaten coverage for more than 40,000 Mainers and strip funding from local hospitals and clinics.

Paul LePage claims he'll protect Social Security. In reality, he called it welfare. As Governor, Paul LePage called Social Security and Medicare "welfare, pure and simple." LePage also vetoed funding for Meals on Wheels, refused federal funding for Alzheimer's and dementia programs, and blocked millions for affordable senior housing.

Paul LePage Is Lying About Protecting Mainers' Social Security And Health Care

Backup Below

Paul LePage Claims He Saved Rural Hospitals. But As Governor, LePage Vetoed A Bill To Keep Rural Hospitals Open.

LePage Vetoed A Bill To Pay Off Hospitals' Debt, Which Would Keep Rural Hospitals Open

May 2013: LePage Vetoed A Bill To Pay Off \$484 Million In Debt To Maine's Hospitals Because It Also Included Medicaid Expansion. "Gov. Paul LePage wasted no time on Thursday in vetoing a Democratic bill to pay off Maine's hospital debt. 'This unadulterated partisanship tied two different issues together in a quest to force welfare expansion upon the Maine people. I have said all along this would receive a veto when it reached my desk, so this letter should be no surprise,' said LePage. [...] Maine owes hospitals \$484 million." [WMTW, [5/23/13](#)]

- **Critical Access Hospitals, Which Were Largely Located In Rural Areas, Accounted For 15% Of The Debt.** "The state's outstanding Medicaid debt is owed mostly to the state's large, acute-care hospitals, said Austin. Sixteen of the state's smaller hospitals, known as critical access hospitals, account for about 15 percent of the \$484 million debt load. Those hospitals, located largely in rural areas far from other health care centers, receive additional federal funds but are limited to 25 beds and don't provide a full range of medical services." [Bangor Daily News, [3/8/13](#)]

September 2013: Maine Hospital Association Warned That Despite Having Critical Access Designation, Rural Hospitals Were Considering Closing Parts Of Its Services. "Joe Ditte, executive director of the advocacy group Consumers for Affordable Health Care, expressed skepticism about the critical access program being quite the lifeline it was predicted to be, but Maine Hospital Association President Steven Michaud said it remains vital to 16 of Maine's smallest hospitals. [...] Michaud pointed out that the critical access designation isn't a free lunch, however. Hospital stays, for instance, can't be longer than 96 hours, often requiring transfer to larger hospitals at

that point. Michaud said he hasn't heard of any other hospitals considering closing their ERs, but maternity wards could close at several hospitals." [Mainebiz, [9/10/13](#)]

- **Critical Access Hospital Designation Was Designed To Reduce The Financial Vulnerability Of Rural Hospitals By Giving Benefits Like Cost-Based Reimbursement For Medicare Services.** "Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare & Medicaid Services (CMS). Congress created the Critical Access Hospital (CAH) designation through the Balanced Budget Act of 1997 (P.L. 105-33) in response to over 400 rural hospital closures during the 1980s and early 1990s. Since its creation, Congress has amended the CAH designation and related program requirements several times through additional legislation. The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities. To accomplish this goal, CAHs receive certain benefits, such as cost-based reimbursement for Medicare services." [Rural Health Information Hub, accessed [10/14/26](#)]
- **2013: Mainebiz Reported Blue Hill Hospital Closed Its Maternity And Obstetrics Unit Because Of Budget Deficits.** "Michaud said he hasn't heard of any other hospitals considering closing their ERs, but maternity wards could close at several hospitals. 'I know several are considering it,' he said. 'It's a less drastic step, because it doesn't involve losing the acute care designation.' Blue Hill Hospital closed its maternity and obstetrics unit as part of an apparently successful effort to close persistent budget deficits that threatened its future." [Mainebiz, [9/10/13](#)]

September 2013: Mainebiz Reported That Even With The Repayment Of Medicaid Debt, Maine's Rural Hospitals "May Face Further Challenges" In Funding Due To Federal Reimbursement Issues. "Maine hospitals will get some reprieve with the payment of \$484 million in Medicaid debt on the way, but the state's rural hospitals may face further challenges as designations allowing them to get higher reimbursements through Medicare are in jeopardy. In 1997, federal lawmakers passed a payment initiative specifically designed for rural hospitals. The 'critical access' program recognized that small hospitals in isolated areas might have essential functions despite low numbers of patients. Generally, that designation requires a hospital be more than 35 miles from another hospital or have access affected by bad terrain, and have 25 or fewer beds. Qualifying hospitals receive Medicare reimbursements at 101% of the allowable costs." [Mainebiz, [9/10/13](#)]

He Even Vetoed Medicaid Expansion Six Times, Threatening The Funding Rural Hospitals Rely On To Keep Their Doors Open.

Maine Independent Headline: "Paul LePage Vetoed Maine Medicaid Expansion Six Times"

Maine Independent Headline: "Paul LePage Vetoed Maine Medicaid Expansion Six Times." [Maine Independent, [9/16/26](#)]

Maine Beacon Headline: "LePage Renews False Attacks On Medicaid Expansion As Rural Hospitals Face Federal Cuts." [Maine Beacon, [9/23/26](#)]

LePage Vetoed Medicaid Expansion Six Times And Said His Vetoes Were "Among The Most Important Acts Of [His] Governorship"

The Hill: LePage Vetoed Medicaid Expansion Six Times. "Lawmakers in Maine's state House failed to override the governor's veto of a bill that would fund the first year of Medicaid expansion. The lawmakers voted 85-58 to uphold Republican Gov. Paul LePage's veto of the \$60 million bill, falling short of the two-thirds majority needed to pass the bill. [...] LePage, who has vetoed Medicaid expansion six times during his tenure as governor, is also being sued over his failure to implement the expansion." [The Hill, [7/9/18](#)]

May 2013: LePage Vetoed LD 1546, Which Would Have Expanded Medicaid To An Estimated 60,000 Mainers While Also Paying Hospitals \$186 Million. According to the Maine State Legislature, in May 2013,

Governor LePage vetoed the LD 1546 and the Senate failed to override the veto by a 20-15 vote. According to Central Maine, LD 1546 “would have extended Medicaid coverage to an estimated 60,000 Mainers while paying the hospitals \$186 million with revenue from the state’s next wholesale liquor contract.” [Maine State Legislature, LD 1546- Summary, accessed [9/11/25](#); Roll Calls, accessed [9/11/25](#); Central Maine, [5/29/13](#)]

June 2013: LePage Vetoed LD 1066 Which Would Expand Medicaid To More Than 60,000 Low-Income Mainers. According to the Maine State Legislature, in June 2013, Governor LePage vetoed LD 1066 and the House sustained the veto by a 95-51 vote. According to the Portland Press Herald, “House Democrats' last-ditch effort to extend health insurance to more than 60,000 low-income Mainers failed in the Legislature on Wednesday, ending, at least for now, one of the more contentious battles of the Legislative session. The outcome was sealed when a majority of Republicans sided with Gov. Paul LePage, upholding his veto of L.D. 1066, a bill that would have broadened Medicaid, the public insurance program for the poor, through the Affordable Care Act.” [Maine State Legislature, LD 1066- Actions, accessed [9/11/25](#); Portland Press Herald via Governing.com, [6/20/13](#)]

April 2014: LePage Vetoed LD 1487, Which Would Have Expanded Medicaid In Maine Under ACA Provisions. According to the Maine State Legislature, in April 2014, Governor Paul LePage vetoed LD 1487 and the Senate sustained the veto by a 22 to 13 vote. According to Bangor Daily News, “The Maine Senate has sustained Gov. Paul LePage's veto of a bill [LD 1487] that would have expanded Medicaid in Maine under the provisions of the Affordable Care Act.” [Maine State Legislature, LD 1487- Actions, accessed [9/11/25](#); Bangor Daily News archives, [4/12/14](#)]

April 2014: LePage Vetoed LD 1640, “An Act To Expand MaineCare for Veterans and Low-income Residents,” Which Would Provide MaineCare To Nearly 70,000 Mainers, Including Thousands Of Veterans. In April 2014, Governor LePage vetoed LD 1640, “An Act To Expand MaineCare for Veterans and Low-income Residents,” and the Senate sustained the veto by a 21 to 14 vote. According to the Maine Senate Democrats, “Governor LePage took another opportunity to deny lifesaving health care to 70,000 Mainers including 3,000 veterans by vetoing a measure that would have accepted the federal government’s offer to expand the state’s health insurance program, MaineCare. [...] The Senate will take up the veto of LD 1640, “An Act to Enhance the Stability and Predictability of Health Care Costs for Returning Veterans and Others by Addressing the Issues Associated with Hospital Charity Care and Bad Debt, when the Legislature reconvenes on May 1. Two-thirds, or 24 votes, is needed to override the veto.” [Maine Senate Democrats, Press Release, [4/30/14](#)]

- **MaineCare Was Maine’s Medicaid Program.** “MaineCare (Maine’s Medicaid program) provides free and low-cost coverage for Mainers who meet requirements based on household composition, income, and/or disability status.” [CoverME, MaineCare, accessed [9/11/25](#)]
- **According To The St. John Valley Times, LD 1640 Would Allow Maine To Accept Federal Government Funds To Provide Health Care To Nearly 70,000 Mainers, Including Thousands Of Veterans.** “Senate Majority Leader Troy Jackson of Allagash introduced a bill Wednesday, Jan. 15 to accept federal government funds to provide health insurance to nearly 70,000 Mainers. This would include 3,000 veterans, according to a press release from the Maine Legislature Senate Majority Office. The federal government would cover 100 percent of the costs of Medicare expansion for the first three years, then gradually ratchet down to no less than 90 percent of the costs by 2020, according to the release.” [St John’s Valley Times, 1/22/14]

April 2014: LePage Vetoed LD 1578 Which Would Take Federally Allocated Money For Medicaid Expansion To Help Uninsured Mainers Buy Private Health Insurance. According to the Maine State Legislature, in April 2014, Governor LePage vetoed LD 1578 and the Maine House sustained the veto by a 94 to 53 vote. According to the Portland Press Herald, LD 1578 would “take federal money allocated for Medicaid expansion under the Affordable Care Act and use it to help uninsured Mainers buy private insurance.” [Maine State Legislature, LD 1578- Actions, accessed [9/11/25](#); Portland Press Herald, [4/17/14](#)]

July 2018: LePage Vetoed LD 837 Which Would Fund The First Year Of Medicaid Expansion In Maine For 70,000 Mainers. “The Maine Legislature doesn’t plan to waste any time next week in dealing with Gov. Paul LePage’s veto of a funding source for Medicaid expansion. [...] LePage said in vetoing the bill that it was the

seventh time he'd used his veto power to thwart an expansion of Medicaid to 70,000 people." [Associated Press, [7/3/18](#)]

- **The Legislation Would Have Funded \$31 Million Claims Cost And \$3.8 Million In Administrative Costs.** "LD 837 "An Act To Provide Supplemental Appropriations and Allocations for the Operations of State Government," was amended by Rep. Drew Gattine to allocate \$31 million in claims cost, in addition to the \$3.8 million in administrative costs. The bill passed the House 78-58." [Press Release, Speaker Sara Gideon, [6/19/18](#)]

2018: LePage Called His Vetoes Of Medicaid Expansion "Among The Most Important Acts Of [His] Governorship." "The Maine Legislature doesn't plan to waste any time next week in dealing with Gov. Paul LePage's veto of a funding source for Medicaid expansion. House Speaker Sara Gideon's office anticipates the matter will come after the long holiday weekend. LePage said in vetoing the bill that it was the seventh time he'd used his veto power to thwart an expansion of Medicaid to 70,000 people. He described those vetoes as being 'among the most important acts of my governorship.'" [Associated Press, [7/3/18](#)]

Studies Showed Medicaid Expansion Had Been Key In Helping Rural Hospitals Stay Afloat

2018: A Study Showed That Rural Hospitals Were Less Likely To Close In States Where Medicaid Expansion Had Taken Place

PBS Headline: "Rural Hospitals Rely On Medicaid Expansion To Stay Open, Study Shows." [PBS, [1/9/18](#)]

2018: A Study Showed That States That Accepted Medicaid Expansion Saw Their Rate Of Hospital Closures Decline While Nonexpansion States Suffered A Significant Increase In Hospital Closures. "In recent years Obamacare's Medicaid expansion has created a financial fault line in American health care. Hospitals in states that enacted the expansion got a wave of newly insured patients, while those in states that rejected it were left with large numbers of uninsured individuals. A new study released Monday reports a crucial consequence of that divide: Nonexpansion states have suffered a significant increase in hospital closures. States that expanded benefits, on the other hand, saw their rate of closures decline." [PBS, [1/9/18](#)]

PBS: "Researchers Found That Hospitals In Medicaid Expansion States Were 84 Percent Less Likely To Shutter Than Facilities In Nonexpansion States." "The study, published in Health Affairs, is the first to clearly document the extent of that divergence across the country. Using nearly a decade's worth of data, researchers found that hospitals in Medicaid expansion states were 84 percent less likely to shutter than facilities in nonexpansion states. Rural hospitals were particularly vulnerable to closure, but kept their doors open in places that extended coverage to more patients, the study found." [PBS, [1/9/18](#)]

PBS: "Rural Hospitals Were Particularly Vulnerable To Closure, But Kept Their Doors Open In Places That Extended Coverage To More Patients, The Study Found." "The study, published in Health Affairs, is the first to clearly document the extent of that divergence across the country. Using nearly a decade's worth of data, researchers found that hospitals in Medicaid expansion states were 84 percent less likely to shutter than facilities in nonexpansion states. Rural hospitals were particularly vulnerable to closure, but kept their doors open in places that extended coverage to more patients, the study found." [PBS, [1/9/18](#)]

A University Of Colorado Study Found That Rural Hospitals Performed Even Better Than Suburban And Urban Ones In States That Expanded Medicaid And Were "Much Less Likely To Close." "The stakes are particularly high for rural hospitals. The University of Colorado study found that the financial performance of rural facilities improved more than the performance of suburban or urban ones in states that expanded Medicaid. They were much less likely to close and experienced improvements in their operating margins." [PBS, [1/9/18](#)]

Associate Director Of Medicaid Initiatives At Families USA Andrea Callow Said The Study "Underscores How Important The Expansion Has Been For Rural Communities." "'It underscores how important the expansion has been for rural communities,' said Andrea Callow, associate director of Medicaid initiatives at

Families USA, which advocates for expanded coverage. ‘Rural hospitals rely on Medicaid and Medicare as primary payers.’” [PBS, [1/9/18](#)]

2010- 2018: Since The Affordable Care Act Had Passed, There Had Been 83 Rural Hospital Closures, Most Of Which Had Occurred In Non-Expansion States. “In North Carolina, five rural hospitals have closed since 2010, when the Affordable Care Act was passed, according to the Rural Health Research Program at the University of North Carolina. The program has identified a total of 83 rural closures across the country in that time period, most of which have occurred in non-expansion states.” [PBS, [1/9/18](#)]

The Center On Budget And Policy Priorities Found That Medicaid Expansion Would Be Especially Helpful For Rural Mainers, Who Had A Higher Non-Insurance Rate Than Urban Mainers

Center On Budget And Policy Priorities: “Medicaid Expansion Would Have Major Benefits For Rural Mainers.” “Medicaid expansion would have major benefits for rural Mainers. Among non-elderly adult Mainers with incomes below 138 percent of the poverty line, 55 percent live in rural parts of the state. Medicaid expansion holds the most promise for rural Maine, since 24 percent of Mainers in rural areas in this income range are uninsured, compared to 14 percent of Mainers in urban areas.” [Center on Budget and Policy Priorities, [10/25/17](#)]

A Majority Of People Below The Eligibility Threshold Lived In Rural Maine And Had A Much Higher Uninsured Rate Than Urban Mainers. “Medicaid expansion would have major benefits for rural Mainers. Among non-elderly adult Mainers with incomes below 138 percent of the poverty line, 55 percent live in rural parts of the state. Medicaid expansion holds the most promise for rural Maine, since 24 percent of Mainers in rural areas in this income range are uninsured, compared to 14 percent of Mainers in urban areas.” [Center on Budget and Policy Priorities, [10/25/17](#)]

Now He Backs Washington's Rural Healthcare Cuts That Threaten Coverage For More Than 40,000 Mainers And Strip Funding From Local Hospitals And Clinics.

LePage Backed The Big Beautiful Bill, Calling It The “Greatest Thing That Can Happen To The Maine People”

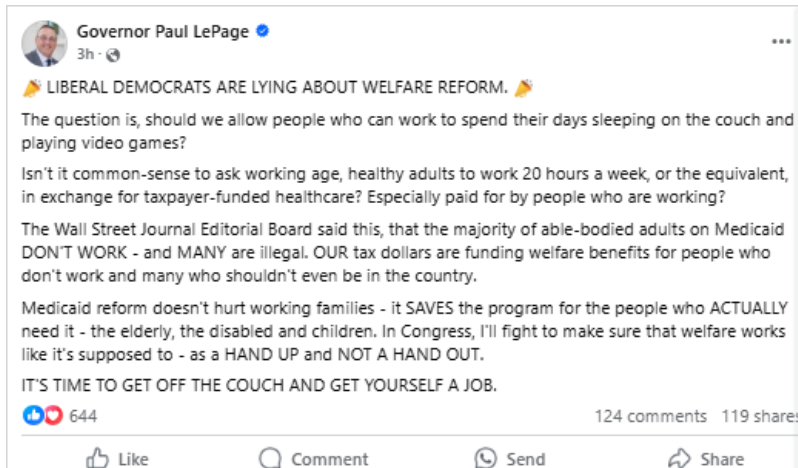
Bangor Daily News Headline: “Paul LePage Embraces The Biggest Parts Of Donald Trump’s ‘Big Beautiful Bill.’” [Bangor Daily News, [7/8/25](#)]

LePage Said He Would Have Voted For The Big Beautiful Bill, Calling It “The Greatest Thing That Can Happen To The Maine People.” “Just last month, Trump signed the ‘Big Beautiful Bill.’ All of Maine’s congressional delegation voted against it, but LePage said he would have voted for it. ‘I call it the working class tax cut because it’s no tax on tips, no tax on overtime and reinstated the taxes that were passed in [20]16,’ LePage said. ‘Frankly, while the Democrats will call it tax breaks for the billionaires, I don’t know anybody who works by the hour and pay and works overtime. That’s a billionaire. I’d like to meet him, but I don’t. I’ve never met one. I think it’s the greatest thing that can happen to the Maine people, particularly in CD2, which is rural and poor.’” [WMTW, [8/8/25](#)]

Bangor Daily News: “LePage Backs Key Parts” Of The Big Beautiful Bill, “Including Medicaid Work Requirements That Have Rural Maine Hospitals Fearing Large Budget Cuts.” “Former Gov. Paul LePage backs key parts of President Donald Trump’s tax and spending megabill, including Medicaid work requirements that have rural Maine hospitals fearing large budget cuts. It sets up an ideological battle between LePage and U.S. Rep. Jared Golden, a four-term Democrat who barely held Maine’s 2nd District in 2024. Trump won it by 9 points, giving Republicans hope that the former governor can put the seat back in their column. Golden has been outspoken in opposition to the bill.” [Bangor Daily News, [7/8/25](#)]

LePage Said Medicaid Reform “Doesn’t Hurt Working Families” But Would Save The Program. “LIBERAL DEMOCRATS ARE LYING ABOUT WELFARE REFORM. 🗡️ The question is, should we allow people who

can work to spend their days sleeping on the couch and playing video games? Isn't it common-sense to ask working age, healthy adults to work 20 hours a week, or the equivalent, in exchange for taxpayer-funded healthcare? Especially paid for by people who are working? The Wall Street Journal Editorial Board said this, that the majority of able-bodied adults on Medicaid DON'T WORK - and MANY are illegal. OUR tax dollars are funding welfare benefits for people who don't work and many who shouldn't even be in the country. Medicaid reform doesn't hurt working families - it SAVES the program for the people who ACTUALLY need it - the elderly, the disabled and children. In Congress, I'll fight to make sure that welfare works like it's supposed to - as a HAND UP and NOT A HAND OUT. IT'S TIME TO GET OFF THE COUCH AND GET YOURSELF A JOB." [Governor Paul LePage, Facebook, [6/27/25](#)]



[Governor Paul LePage, Facebook, [6/27/25](#)]

The Big Beautiful Bill Was Estimated To Take Away The Health Care Of Over 40,000 People In The State And Devastate Local Hospitals

According To The Joint Economic Committee Minority, Over 40,000 People In Maine Were Estimated To Lose Their Health Care As A Result Of Cuts In The Big Beautiful Bill. [Joint Economy Committee – House Minority, [September 2025](#)]

CNN: 34,000 Mainers Are Expected To Lose Medicaid Coverage As A Result Of The Big Beautiful Bill. “In Maine, Northern Light Health’s executives knew they had to factor into their multi-year plan the increased financial pressures that the ‘big, beautiful bill’ would bring. The health system, which operates nine hospitals, a medical group, nursing homes and several dozen primary care locations in the state, is projecting a \$27 million annual drop in revenue from the package, said chief financial officer James Rohrbaugh. That’s largely because 34,000 Mainers are expected to lose Medicaid coverage later this year and next.” [CNN, [3/2/26](#)]

Northern Light, Which Operated Nine Hospitals, Nursing Homes, And Primary Care Locations, Were Projecting A \$27 Million Drop In Revenue Due To The Big Beautiful Bill. “In Maine, Northern Light Health’s executives knew they had to factor into their multi-year plan the increased financial pressures that the ‘big, beautiful bill’ would bring. The health system, which operates nine hospitals, a medical group, nursing homes and several dozen primary care locations in the state, is projecting a \$27 million annual drop in revenue from the package, said chief financial officer James Rohrbaugh. That’s largely because 34,000 Mainers are expected to lose Medicaid coverage later this year and next.” [CNN, [3/2/26](#)]

- **CNN: “The Looming Revenue Decline Led Northern Light Health To Make Some Major Moves Last Year, Including Significantly Cutting Staff, Improving Its Payment Collection And Consolidating Doctors’ Offices.”** “The looming revenue decline led Northern Light Health to make some major moves last year, including significantly cutting staff, improving its payment collection and consolidating doctors’ offices. It also closed one of its money-losing hospitals, though Rohrbaugh said that decision predated the legislation.” [CNN, [3/2/26](#)]

September 2025: Northern Light Announced It Was Cutting 3% Of Its Workforce And Closing A Walk-In Care Clinic In Bangor. Northern Light Health announced Wednesday it is cutting jobs and closing the walk-in care clinic in Bangor. Northern Light says it is cutting about 3% of its total workforce, with two-thirds of that coming through attrition, including retirement.” [WMTW, [9/3/25](#)]

The Big Beautiful Bill Endangered Four Rural Hospitals In The District And Cut At Least \$2 Billion In Health Care Funding For The State

Maine Morning Star: Rural Hospitals Were “Operating At Losses, Or Rely Heavily On Medicaid Because Of The Patients They Serve, Which Makes Them Particularly Prone To Closures” Due To Big Beautiful Bill Cuts. “While the largest hospitals are at risk of the greatest losses, rural Maine hospitals face a different threat. Some are already operating at losses, or rely heavily on Medicaid because of the patients they serve, which makes them particularly prone to closures, according to two other national reports. Last month, reports from Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill and Families USA listed four hospitals at high risk of having to close because of the Medicaid cuts.” [Maine Morning Star, [7/18/25](#)]

The Sheps Center Named Northern Light A.R. Gould Hospital In Presque Isle And Maine Coast Memorial Hospital As Two Of 338 High-Risk Rural Hospitals Across The Country. “The Sheps Center named Northern Light A.R. Gould Hospital in Presque Isle and Maine Coast Memorial Hospital in Ellsworth among the 338 high-risk rural hospitals across the country, both for their three-year record of operating on negative margins.” [Maine Morning Star, [7/18/25](#)]

- **Both The Hospitals Were In Maine’s 2nd Congressional District.** [Sen. Edward Markey, Letter on Rural Hospitals, [6/12/25](#)]

Families USA Also Identified Cary Medical Center In Aroostook County And Calais Community Hospital In Washington County As Rural Hospitals That Were At “Greater Financial Risk Of Closing Due To Medicaid Cuts In The Bill.” “Maine will be forced to offset budget holes caused by this bill by terminating coverage for families, eliminating essential health services, and cutting provider rates so drastically that doctors and hospitals are forced to close their doors — particularly in rural communities. Hospitals like Cary Medical Center and Northern Light A.R. Gould Hospital in Aroostook County, Northern Light Maine Coast Hospital in Hancock County and Calais Community Hospital in Washington County will be at greater financial risk of closing due to Medicaid cuts in the bill.” [Families USA, [June 2025](#)]

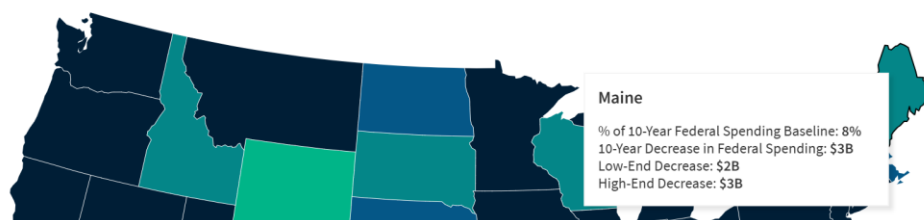
- **Both Hospitals Were Located In Maine’s 2nd Congressional District.** [Congress.gov, Find Your Rep, accessed [6/25/26](#)]

KFF: Federal Medicaid Cuts From The Big Beautiful Bill Would Cut Between \$2 Billion And \$3 Billion In Funding For Maine. [KFF, [7/23/25](#)]

Federal Medicaid Cuts in the Enacted Reconciliation Package, By State

As a % of 10-year baseline federal spending (2025-2034)

■ < 7% ■ 7%–10% ■ 10%–13% ■ ≥ 13%



[KFF, [7/23/25](#)]

The Rural Hospital Grant Only Awarded Less Than 10% of The Amount That Was Cut From Federal Funding And Was Not Allowed To Be Used To Treat Low-Income, Uninsured Patients

Maine Received \$190 Million From The Rural Health Transformation Program. “In Maine, state health officials hoped to steer a slice of \$190 million in new federal rural health funding to shield hospitals and clinics from the fallout caused by cuts to federal health programs. Their plan would have helped pay to treat low-income, uninsured patients. But federal leaders overseeing the five-year, \$50 billion Rural Health Transformation Program said no.” [Maine Monitor, [6/19/26](#)]

State Health Officials Attempted To Use Part Of The Funding To Help Treat Low-Income, Uninsured Patients But Were Stopped By Federal Leaders Overseeing The Funding. “In Maine, state health officials hoped to steer a slice of \$190 million in new federal rural health funding to shield hospitals and clinics from the fallout caused by cuts to federal health programs. Their plan would have helped pay to treat low-income, uninsured patients. But federal leaders overseeing the five-year, \$50 billion Rural Health Transformation Program said no.” [Maine Monitor, [6/19/26](#)]

Maine Planned To Reimburse Hospitals And Clinics Providing Care To Uninsured Patients, But Federal Officials Rejected The Idea As “Provider Payments Had To Be More Directly Linked To A Rural Transformation Kind Of Activity.” “Across the country, Maine was forced to rework its plan to reimburse hospitals and clinics when they provide ‘essential’ care to certain uninsured patients. Letourneau said during her March remarks that federal officials rejected this idea because ‘provider payments had to be more directly linked to a rural transformation kind of activity.’ Lindsay Hammes, a spokesperson for Maine’s health department, told KFF Health News that funding will instead help providers transition to reimbursement models that aren’t based on how many patients they treat.” [Maine Monitor, [6/19/26](#)]

Paul LePage Claims He'll Protect Social Security. In Reality, He Called It Welfare. As Governor, Paul LePage Called Social Security And Medicare “Welfare, Pure And Simple.”

LePage On Social Security And Medicare: “It Doesn’t Matter What Liberals Call These Payments, It Is Welfare, Pure And Simple”

Portland Press Herald Headline: “LePage Includes Social Security Among ‘Welfare’ Programs.” [Portland Press Herald, [6/25/14](#)]

2014: LePage Included Social Security And Medicare As Welfare Programs. “Gov. Paul LePage has long cast a wide net for programs that he says fit the definition of welfare. On Wednesday, in a media release written as an alternative take on new personal-income data from the federal Bureau of Economic Analysis, he lumped Social Security and Medicare into that definition.” [Portland Press Herald, [6/25/14](#)]

LePage: “It Doesn’t Matter What Liberals Call These Payments, It Is Welfare, Pure And Simple.” “LePage said he chose not to follow the federal bureau’s definition because it conceals welfare benefits. ‘It doesn’t matter what liberals call these payments, it is welfare, pure and simple,’ LePage said in the statement.” [Portland Press Herald, [6/25/14](#)]

LePage Disagreed With The Federal Government’s Definition Of Welfare And Included Social Security And Medicare, Which The Federal Government Included As “Personal Current Transfer Receipts,” Which LePage Instead Referred To As “Welfare, Pure And Simple.” “The governor arrived at his number by excluding what the federal bureau calls ‘personal current transfer receipts’ and dividends, interest and rental income. Personal current transfer receipts include payments from the federal government to states for Social Security, Medicare, unemployment benefits and Medicaid expansion. Maine is one of only four states (Indiana, Tennessee and Wyoming are the others) where transfer receipts declined in the first quarter of this year. Nationally, transfer receipts grew by \$41.1 billion. LePage said he chose not to follow the federal bureau’s definition because it conceals welfare benefits. ‘It doesn’t matter what liberals call these payments, it is welfare, pure and simple,’

LePage said in the statement.” [Portland Press Herald, [6/25/14](#)]

LePage Also Vetoed Funding For Meals On Wheels, Refused Federal Funding For Alzheimer's And Dementia Programs, And Blocked Millions For Affordable Senior Housing.

LePage Vetoed Funding For Meals On Wheels

2015: LePage Vetoed Funding For Meals On Wheels As A Line Item In The State Budget. “Gov. Paul LePage has vetoed Meals on Wheels funding as a line item in the proposed state budget. The executive director of the Maine Association of Area Agencies on Aging, Jessica Maurer, says she's shocked that the governor crossed off the proposed \$55,000 funding for the program. ‘It's remarkable, particularly because the governor's rhetoric suggests that he wants to support Maine's elderly,’ Maurer says. ‘He wants to do away with wait lists. And this bill was, in fact, a bill that would help older adults come off the wait list for a critically needed service.’ Maurer says 200 older adults are currently on a wait list for the Meals on Wheels program, which has seen an increased demand and flat funding in recent years.” [Maine Public Radio, [6/18/15](#)]

Maine Public Radio Headline: “Elderly Advocates Decry LePage Veto Of Meals On Wheels Funding.”
[Maine Public Radio, [6/18/15](#)]

LePage Refused Funding For Alzheimer's And Dementia Programs

2011-2019: LePage Was Governor Of Maine. “Governor's Name State Time in Office Party Gov. Paul LePage Maine 2011 - 2019 Republican.” [National Governors Association, accessed [8/26/26](#)]

2011-2017: Maine Forfeited Federal Funding For Alzheimer Care. “Since 2011, Maine has forfeited over \$1.9 billion in available federal resources that could have helped protect Mainers’ health and well-being, promote tax fairness, and boost the state’s economy. These funds would have injected up to \$700 million into Maine’s economy and supported as many as 4,800 jobs annually. [...] Table 1 - Key Federal Funds Lost for Public Health Alzheimer's: Supports sufferers of the disease and their caregivers \$300,000 □ One in eight people aged 65 and older has Alzheimer’s; the 6th leading cause of death in Maine □ 69,000 Maine Alzheimer’s caregivers give 78 million hours of unpaid care each year □ Maine’s Medicaid Alzheimer’s cost is \$187 million annually.” [Maine Center for Economic Policy, [March 2017](#)]

2018: LePage Failed To Apply For Federal Funding For A Dementia Program. “We have known for a long time that Maine is facing an aging crisis. Half of our population is older than 44, and every year there are fewer births than deaths and more Mainers turn 65 than graduate from high school. Our changing demographics have implications for housing, health care and civic life that require coordinated action and leadership from the highest level of state government. But that's not what we've gotten for the last eight years. Under the administration of Paul LePage, we have lost ground in nearly every policy area that is implicated by our aging population, creating unnecessary suffering for today's seniors and guaranteeing more of the same for tomorrow's. The governor gives a lot of rhetorical support for older Mainers, but when it comes time to get anything done, it's just talk. Perhaps the most damning statistic is the number of seniors living in poverty, which has grown even as the state's economy has improved. The number of adults over age 60 who said they didn't have enough food increased from 12.2 percent to 15.6 percent, according to America's Health Rankings Senior Report 2018. While thousands of elderly Mainers are living in homes they can't afford to heat or maintain, the governor single-handedly stopped a \$15 million senior housing bond that had been approved by voters after getting two-thirds support in both houses of the Legislature. The program was much smaller than the \$65 million bond recommended by advocates, but it would have been a small step in the right direction. Instead, the governor pounds his fist about a bill to make it more complicated for towns to foreclose on property owned by seniors who owe taxes, based on the story of one couple in Albion, while he ignores the underlying problem -- a critical shortage of affordable housing for seniors. A number of equally inexplicable decisions have stood in the way of people in need getting help. In 2015, the administration turned back a five-year, \$2.5 million federal grant that would have promoted colonoscopies among older Mainers. The next

year, his Department of Health and Human Services failed to apply for \$300,000 in federal aid to help the 28,000 Mainers with Alzheimer's disease and their unpaid family caregivers. This year, the state failed to apply for as much as \$1 million in federal funds for dementia programming, offering no explanation to the families who would have benefited.” [Portland Press Herald, [9/16/18](#)]

LePage Opposed Millions Of Dollars’ Worth Of Housing Bonds For Low-Income Seniors

LePage Opposed Millions Of Dollars’ Worth Of Housing Bonds For Low-Income Seniors. “Gov. Janet Mills will authorize the spring sale of a \$15 million senior housing bond that was blocked by her predecessor after being approved by Maine voters in 2015 amid a larger backlog of voter-approved bonds that haven’t yet been issued. The housing bond, which passed with 69 percent support in a statewide referendum, would build 200 energy-efficient homes for low-income seniors and weatherize another 100 homes for low-income seniors. It would be matched with \$22.6 million in federal funds. Former Gov. Paul LePage, a Republican, opposed the bond, which was proposed by one of his main rivals, former House Speaker Mark Eves, D-North Berwick. LePage gave differing reasons for not authorizing the sale, from saying he was worried about the state’s credit rating to saying it would be a windfall for developers.” [Bangor Daily News, [1/9/19](#)]

Bangor Daily News Headline: “Mills To Release Senior Housing Bonds That LePage Blocked Since 2015.”
[Bangor Daily News, [1/9/19](#)]

Paul LePage Message #2 Backup

Paul LePage vetoed Medicaid expansion six times, denying funding for rural hospitals and called Social Security and Medicare "welfare, pure and simple."

Paul LePage Vetoed Medicaid Expansion Six Times, Denying Funding For Rural Hospitals And Called Social Security And Medicare "Welfare, Pure And Simple."

Backup above