

Testimony of the Maine Primary Care Association before the Joint Standing Committee on
Insurance and Financial Services In Consideration of LD 1444
**“An Act To Protect Consumers and Small Business Owners
from Rising Health Care Costs”**

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May 7, 2009

The Maine Primary Care Association (MPCA) supports aspects of LD 1444, “An Act To Protect Consumers and Small Business Owners from Rising Health Care Costs,” but has reservations regarding the proposal’s potential impact on the primary care safety net. Before listing our concerns, it should be noted that MPCA has long advocated for payment reform that will duly reward primary care for their investments in improved health care that reduce total overall health care costs while improving the quality of care and patient safety. Unless we can reinvest some of those savings in the very engine of health care improvement, we will short circuit our abilities to rewire and transform health care delivery for the benefit of consumers and small businesses, as well as the providers who make it possible. However, if done without regard to the necessary supports for the primary care safety net, such a transformation could lead to reduced access to care on the whole, especially among medically underserved areas of the Maine.

PART A

1. The Advisory Council on Payment Reform – As written, the Advisory Council doesn’t include representation from among providers.
 - a. Rather than create a new Council, it would seem more appropriate to assign this responsibility to the existing *Advisory Council on Health Systems Development*.
 - b. If not assigned to the ACHSD, then provider representation should be included and this should entail a representative of the state’s FQHCs and Indian health centers.
2. Development of Proposed Reforms –
 - a. MPCA has concerns about the development of a common transparent payment methodology if it won’t reflect the array of services currently offered within the primary care safety net. FQHCs provide primary medical care, mental health, and in many locations oral health too. FQHCs truly reconnect the head with the body and in so doing provide the most cost effective care for the results that they achieve. National studies point to a 41% reduction in overall health care costs for patients of health centers versus other settings of care.
 - b. MPCA is concerned that the language of the bill doesn’t address the reimbursement policy that has been the lifeline for the primary care safety net of FQHCs in Maine. If by common payment methodology, the bill intends to apply a fee schedule across all providers regardless of location of care or organization of care, then health centers will be forced to shut their doors, sending more than 130,000 uninsured, MaineCare, and Medicare patients to seek out care elsewhere. Any payment methodology should be sensitive to the location of care, the organizational mandate of the setting of care (i.e., FQHC), and the array of services that are integrated under one roof.
3. As the agency representing the primary care safety net, the Maine Primary Care Association should be listed as an interested party to be involved.

Part B

1. While supportive of the concept of standardizing Pay for Performance programs, it would seem that the analysis of the commonalities and differences among them would be better suited for the Maine Quality Forum. This also seems like a great opportunity to invite the various P4P programs to work in concert to standardize their data collection and thereby reduce the considerable reporting costs now imposed on health care providers.
2. The Advisory panel should include representatives from the state's federally qualified health centers.