

MaineHealth

MaineHealth Local Health Systems

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

Part of the MaineHealth Family

MaineHealth Accountable
Care Organization

MaineHealth Affiliates

MaineGeneral Health
New England Rehabilitation
Hospital of Portland
St. Mary's Health System

Testimony of Katie Fullam Harris, MaineHealth in Opposition to LD 1196, “An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health” Thursday, April 13, 2021

Senator Sanborn, Representative Tepler and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Katie Fullam Harris of MaineHealth.

MaineHealth is Maine’s largest integrated non-profit health care system that provides the continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Every day, MaineHealth’s 23,000 employees work to fulfill our vision of “working together so our communities are the healthiest in America.” As part of our strategy to achieve that vision, MaineHealth employs 1219 physicians, of whom 319 specialize in primary care. In addition, Maine Behavioral Healthcare and MidCoast Behavioral Health provide high quality mental health and substance use services to patients across our geographic footprint.

As a nonprofit health care provider that focuses on improving the health of our communities, MaineHealth strongly supports increased investment in primary care and behavioral health. Access to primary care and behavioral health services are the foundation for keeping our patients healthy and our communities strong. However, current payment rates for these services are not sufficient to support the level of access needed to support the health of our communities. We agree that increased investments are needed.

Unfortunately, the artificial cap on total health care expenditures that is included in this bill would force such investments at the expense of other critical investments in the health of our communities. We agree that additional investments in primary care and behavioral health services should ultimately decrease the total cost of care, but capping total expenditures would have unintended consequences by limiting our capacity to support other important investments.

For example, Maine’s hospitals are consistently rated among the top in the nation for quality and safety. MaineHealth’s eligible hospitals all earned an

“A” rating from Leapfrog in the last period, and Leapfrog consistently rates our Critical Access Hospitals among the best rural hospitals in the nation. Quality and patient safety requires investment in staffing and infrastructure that should not be imperiled by an artificial expenditure cap.

Through our Accountable Care Organization, MHACO, MaineHealth has created a data-driven infrastructure to improve the value of care provided to our patients – and to support our successful participation in value-based contracts. All of our primary care practices are now enrolled in the MaineCare shared savings Accountable Communities program in which we are held accountable for the cost and quality of care delivered to 40,000 MaineCare enrollees.

Through its integrated governance and operational structure, MaineHealth supports needed access to services in rural communities which otherwise cannot be sustainable on their own; Franklin Community Health Network has lost millions of dollars in each of the last six years, yet our investments ensure that it continues to provide its communities with access to high quality care.

And MaineHealth’s tertiary care hospital, Maine Medical Center, has cared for nearly half of the State’s patients who have been hospitalized with COVID-19 over the last year. The brand new universal single occupancy rooms that came on line in November of 2019 and were built to provide flexibility in use, have been instrumental in providing the needed capacity to treat patients with COVID-19 during the pandemic. Those rooms were expensive to build, and they represent the type of important investment that would be significantly hampered by artificial caps on spending growth.

Finally, labor represents 60-70% of the cost of health care expenditures. We are facing statewide and national labor shortages, and the cost of labor in health care – nursing and physician salaries, primarily - is rising at a rapid rate. Our current shortage of healthcare professionals presents significant challenges in sustaining - let alone increasing - access to primary care and behavioral health, particularly in our rural communities.

The Robert Graham Center [estimates](#) that Maine’s population will require 120 new primary care physicians by 2030. And the nursing shortage is even more dire, as it impacts us today. Other [estimates](#) suggest a shortage of over 2500 nurses by 2025 – and MaineHealth alone has 457 vacant nursing positions today. Access to care for our communities depends upon our ability to fill these positions – a proposition that will require resources.

Finally, though a cap on expenditures is not the right solution to address the affordability of health care, we do believe that additional investments in health care – including primary care and behavioral health – should come with accountability. Outcomes should be tracked, and value-based contracts that move away from reliance on fee for service incentivized. Should the Legislature agree, we would welcome the opportunity to work with other stakeholders to define and construct a model of primary care and behavioral health investment that best supports the tenets that we all agree to be important for Maine people: access, quality and affordability of our health care system.

Thank you for the opportunity to testify, and I would be happy to answer any questions.