

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-FIVE

—
H.P. 981 - L.D. 1497

An Act to Amend the Laws Governing Primary Care Reporting by the Maine Quality Forum and to Establish the Primary Care Advisory Council

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 24-A MRSA §6951, sub-§12, as enacted by PL 2019, c. 244, §2, is repealed.

Sec. 2. 24-A MRSA §6951, sub-§12-A is enacted to read:

12-A. Primary care reporting. Beginning January 15, 2026 and annually thereafter, the forum shall submit to the Department of Health and Human Services and the joint standing committees of the Legislature having jurisdiction over health and human services matters and health coverage and health insurance matters a report on at least one of the following key measures reflecting the status of primary care in the State:

- A. Annual primary care expenditures as a percentage of overall health care spending and investment;
- B. Annual utilization of primary care services as a percentage of overall utilization of health care services;
- C. The capacity of the primary care provider workforce to care for all residents of the State;
- D. The ability of residents of the State to have timely access to primary care services; and
- E. The overall health of residents of the State using metrics that reflect the use of preventive and screening services.

This subsection is repealed January 15, 2031.

Sec. 3. 24-A MRSA §6951, sub-§14 is enacted to read:

14. Primary Care Advisory Council. The Primary Care Advisory Council, referred to in this subsection as "the advisory council," is established. The forum shall convene and staff the council.

For purposes of this subsection, "primary care" means physicians, nurse practitioners and physician assistants practicing in family medicine, general pediatric medicine, general internal medicine, obstetrics and gynecology and geriatric medicine.

A. The advisory council shall identify specific actions required to create a sustainable high-functioning primary care system in the State. The advisory council shall, at a minimum:

(1) Assess the overall status of primary care in the State using available data, including, but not limited to, timely access to primary care services, utilization of services, quality of care, equity and the adequacy and sustainability of the State's primary care workforce;

(2) Identify gaps in the status of primary care in the State and potential approaches to address those gaps; and

(3) Make recommendations for specific policy changes to address identified gaps that will:

(a) Ensure sufficient investment in primary care services that will result in better health for residents of the State and lower overall health expenditures;

(b) Ensure a sufficient number and geographic distribution of primary care providers so that each resident of the State has a primary care provider near that resident's home, with a focus on ensuring equity in all counties;

(c) Ensure a resident's ability to access services from a primary care provider in a timely manner; and

(d) Improve the health of residents by ensuring adequate access to preventive and screening services.

Beginning January 15, 2026 and annually thereafter, the advisory council shall submit a report detailing its activities and recommendations under this paragraph to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters.

B. The advisory council consists of the following 18 members:

(1) Seven members representing primary care providers licensed in the State, appointed by the board of directors of the Maine Health Data Organization established under Title 22, section 8703. At least 3 members must be actively practicing primary care clinicians, working at least 20 or more clinical hours per week, and at least one member must be a nurse practitioner or physician assistant. Appointments under this subparagraph must be made as follows:

(a) One member must be appointed from nominations provided by a statewide association of physicians;

(b) One member must be appointed from nominations provided by a statewide association of osteopaths;

(c) One member must be a provider working in an independently owned practice setting;

- (d) One member must be appointed from nominations provided by a statewide association of community health centers, and that member must be working at a federally qualified health center;
 - (e) One member must be appointed from nominations provided by a statewide association of nurse practitioners;
 - (f) One member must be appointed from nominations provided by a statewide association of physician assistants; and
 - (g) One member must be appointed from nominations provided by a statewide association of hospitals;
- (2) Five members must represent stakeholder groups with an interest in primary care as follows:
- (a) Two members must represent 3rd-party payors and must be appointed from a list of 3rd-party payors provided by a statewide association of health plans providing or administering health insurance coverage;
 - (b) One member must represent employers and must be appointed from a list of employers provided by a statewide association of health care purchasers; and
 - (c) Two members must represent consumers and must be appointed from a list provided by a statewide association that advocates for access to affordable health care. For the purposes of this division, "consumer" means a person who is not affiliated with or employed by a 3rd-party payor, a provider or an association representing 3rd-party payors or providers; and
- (3) Four members must be appointed as follows:
- (a) Two members must be appointed by the Commissioner of Health and Human Services, one representing the office of MaineCare services and one representing the office of the commissioner;
 - (b) One member of the Senate, appointed by the President of the Senate; and
 - (c) One member of the House of Representatives, appointed by the Speaker of the House.

The Superintendent of Insurance or the superintendent's designee and the executive director of the Permanent Commission on the Status of Racial, Indigenous and Tribal Populations or the executive director's designee serve as ex officio members.

In the event of a vacancy in the advisory council membership, the vacancy must be filled in the manner of the original appointment for the remainder of the term. For the purposes of reappointment, any partial term filled after a vacancy must be considered a full term.

C. Except for members who are Legislators and the ex officio members, members of the advisory council serve 3-year terms. A member may not serve more than 2 consecutive terms. The terms of Legislators serving as members of the advisory council coincide with those members' legislative terms of office.

D. Except for members who are Legislators, members of the advisory council are eligible for compensation as provided under Title 5, chapter 379.

E. A quorum is a majority of the members of the advisory council.

F. The advisory council shall choose one of its members to serve as chair for a 2-year term.

G. The advisory council shall meet at least 4 times a year at regular intervals and may meet at other times at the call of the chair. Meetings of the advisory council are public proceedings under Title 1, chapter 13, subchapter 1.

This subsection is repealed January 15, 2031.

Sec. 4. Staggered terms. Notwithstanding the Maine Revised Statutes, Title 24-A, section 6951, subsection 14, paragraph C, of the initial nonlegislative and non-ex officio appointments made to the Primary Care Advisory Council, 4 members must be appointed to one-year terms, 5 members must be appointed to 2-year terms and 5 members must be appointed to 3-year terms.