State of Maine | 132nd Legislature
Joint Standing Committee on Appropriations and Financial Affairs
February 12, 2025

LD 210, "An Act to Make Supplemental Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Year Ending June 30, 2025"

Sponsored by Representative Gattine

Senator Rotundo, Senator Ingwersen, Representative Gattine, and Representative Meyer, and members of the Committee on Appropriations and Financial Affairs and the Committee on Health and Human Services, I am Sharon Stanley, Director of Operations Improvement for Maine Primary Care Association (MPCA). In this role I lead a Health Center Controlled Network (HCCN), referred to as the Community Health Center Network of Maine (CHCNet). CHCNet launched in 2005, and there are currently 15 participating Community Health Centers (CHCs) that work collaboratively toward their mission "to strengthen and improve population health outcomes by leveraging health information technologies and building strong systems of care."

MPCA supports Section WW of the Governor's budget, amending 22 MRSA § 9067 (p.104) to establish a hospital assessment of up to $1.8M per year to secure the already approved 3:1 match of federal funding that would ensure the continued operations of the HIE.

Maine's CHCs rely on health information technology and the state's Health Information Exchange (HIE), HealthInfoNet, to deliver comprehensive quality care. Many CHC sites are in rural, remote locations and electronic tools are needed to complement in-person providers and maximize communication around important patient data. Electronic resources are efficient and effective ways to support clinical work and allow the providers to focus on immediate patient care needs.

As an example, when a patient is discharged from the hospital or an emergency room visit, CHCs now can easily access a patient's vital information such as medication changes, a new diagnosis, or critical lab values to support care management intervention. Having this information when following up with the patient helps to reduce readmission, improves medication adherence through a medication reconciliation process, and allows for the opportunity to screen for social factors that may be barriers to successful treatment.

Daily, HealthInfoNet is utilized for closing the loop on outstanding specialty referrals, diagnostic testing, or finding information on new patients from other healthcare providers that has not been sent directly to the practice. Additionally, many health centers use HealthInfoNet to track services provided outside of the health center that are required quality measures for UDS reporting, including colonoscopies and mammograms. CHCs share that outside of

HealthInfoNet the return of reports is inherently unreliable. With HealthInfoNet, they can retrieve reports that formerly required a fax or call to the specialty practice or hospital. Data submission from EMR to ImmPact is also coordinated through the HealthInfoNet interface, allowing information to flow seamlessly to ImmPact and eliminating duplicate manual inputs that occurred in the past.

Without access to HealthInfoNet, vital health information is delayed, or missed entirely, and patient health outcomes are adversely affected. HealthInfoNet improves health outcomes, reduces emergency department visits and hospitalization readmissions, and saves lives. We appreciate your consideration of our comments. Please do not hesitate to contact me directly with any follow up questions.

Sincerely,

Sharon Stanley
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