

TESTIMONY OF

Karynlee Harrington, Executive Director, Maine Health Data Organization

Before the Joint Standing Committee on Appropriations and Financial Affairs,
and
the Joint Standing Committee on Health Coverage, Insurance and Financial Services

February 26, 2025

LD 210 "An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2025, June 30, 2026 and June 30, 2027"

Senators Rotundo and Bailey, Representatives Gattine and Mathieson, and members of the Joint Standing Committees on Appropriations and Financial Affairs, and Health Coverage, Insurance and Financial Services, my name is Karynlee Harrington. I am the Executive Director of the Maine Health Data Organization (MHDO), and I am here today to present testimony in support of those items presented in the Governor's proposed Biennial Budget for the MHDO.

The MHDO was established as an independent executive agency in 1996 because of the recommendations of the Hospital Deregulation Task Force, that the Maine Health Care Finance Commission be abolished but that its data collection functions be retained, expanded, and transformed into what is now the Maine Health Data Organization. The MHDO is governed by a multi-stakeholder board of directors which are appointed by the Governor, and represent consumers, employers, payers, providers, hospitals, and government.

The purpose of the MHDO as defined in Title 22, Chapter 1683, is to create and maintain a useful, objective, reliable, and comprehensive health information database that is used to improve the health of Maine citizens **and** to issue reports promoting public transparency of health care quality and costs (see Attachment A for list of mandated reports).

For over twenty years MHDO's data has been one of the most timely and complete sources of health care data in the State of Maine for the analysis of health care costs, utilization, and

outcomes. The MHDO's database holds over 1 billion health care records, and that number grows each year with the addition of current data and new data sets.

Specifically, the MHDO's data supports policy discussions and legislation in areas including Transparency of Health Care Costs and Quality, Surprise Billing, Workers Compensation, MaineCare Rate Setting, Opioid Analyses, Insulin Costs, Primary Care and Behavioral Health Care Spending in Maine, Ambulance Costs, Prescription Drug Costs, Right to Shop, and Maine's Reinsurance Program. The MHDO's data is used by several state agencies and departments including the Department of Health and Human Services, Office of MaineCare, the Maine-CDC, the Bureau of Insurance and the Office of Affordable Health Care.

In addition to internal use, the MHDO makes data publicly available and accessible to the broadest extent possible, consistent with the laws protecting individual privacy, and proprietary information. The MHDO posts requests for data on its website for a 30-day public comment period ([MHDO Current Data Requests \(maine.gov\)](#)). The public posting includes the name of the requesting party, the specific MHDO data set requested, and a description of the intended use of the data. The primary use of MHDO data is to produce meaningful analysis in pursuit of improved health, health equity, and health care quality for Maine people. Acceptable uses of MHDO data include but are not limited to; the study of health care disparities, health care costs, utilization, and outcomes; benchmarking; quality analysis; longitudinal research; other research; and administrative or planning purposes. I am pleased to report that, because of legislation that was enacted a few years ago requiring data from the Maine Cancer Registry and the Office of Data, Research, and Vital Statistics (DVRS) to be linked to the MHDO's data sets, the Maine Cancer Foundation created Maine's first [Cancer Blueprint](#), a comprehensive source of information for monitoring cancer statistics in Maine.

The collection, secure storage, use and release of MHDO data are governed by thirteen agency rules (soon to be fourteen pending the legislative process for a new major substantive rule, LD 729, regarding the collection of insulin pricing data from pharmaceutical manufacturers), which define the requirements and penalties associated with all aspects of our data governance.

In partnership with the Maine Quality Forum, the MHDO created [CompareMaine.org](#), a website that displays the average payment for commercial insurance for over 300 common health care procedures at different health care facilities across the state, and several hospital health care

quality measures including preventing falls with injury, serious complications, pressure ulcers and healthcare-associated infections (See Attachment B). Since CompareMaine was launched in the fall of 2015 there have been over 1 million page views. The procedures included on CompareMaine are generally either high cost, high utilization, and or there is variation in the costs between the at least 3-5 facilities provide the service. The most searched procedures on CompareMaine include: child delivery options, knee and hip replacements, MRI's, gallbladder removal, and colonoscopies.

The MHDO is not funded by the state's general fund but rather it derives its revenue from two sources as described in Title 22, Chapter 1683: an annual assessment on health care providers payers, pharmaceutical manufacturers, wholesale distributors and pharmacy benefits managers; and user fees from authorized MHDO data users accessing data pursuant to the criteria defined in Rule Chapter 120, *Release of Data to the Public*. The amount of the MHDO annual assessment is contingent on the budget you approve minus any unallocated funds remaining from the prior fiscal year.

The Governor's proposed budget for the MHDO is on page A-295 of your budget document. As mentioned earlier in my testimony there are no general funds for the Maine Health Data Organization. The proposed budget contains two initiatives for SFY26-27. The first initiative, on page A-295, provides funding of \$1,122 for SFY-26 and \$ 1,870 for SFY-27 to support the Organizations share of the increased cost for the financial and human resources service center within the Department of Administrative and Financial Services. The second initiative, on page A-295, provides funding of \$1,930 for SFY-26 and for SFY-27 to support the Organization's share of the increased cost for the Department of Administrative and Financial Services, Office of Information Technology. Consistent with the 2024-2025 biennial budget we are requesting continued authorization to transfer available balances in Personal Services up to a specified amount to the *All Other* category by financial order. The specific language can be found on page 87, Part OO of the General Fund Bill Language.

That concludes my testimony on items for the Maine Health Data Organization. I am happy to answer questions.

Attachment A

Mandated Reports

Mandated MHDO Report	Statute	Release Date	Submit to
<u>Prescription Drug Pricing Transparency</u>	PL 2020, Chapter 470	March 2025	HCIFS
<u>Top 25 most frequently prescribed drugs in the State, costliest and highest year-over-year increases</u> Interactive Report included in CM 13.0	PL 2017, Chapter 406	March 2025	HCIFS
<u>Cost and Quality Data</u> by healthcare procedure, provider and top 5 commercial payors - CompareMaine V.13.0 (Adding ambulance data & information on facility fees)	PL 2009, Chapter 613 (PL 2023, Chapter 468 & PL 2023 Chapter 672)	March 2025	Posted Publicly
<u>International Referenced Rate Pricing for Prescription Drugs</u>	PL 2021, Chapter 606	February 2024	HCIFS, OAHC, and the Maine Prescription Drug Affordability Board
<u>Report on Payments for Facility Fees made by Payors</u>	PL 2023, Chapter 410	January 23, 2025	HCIFS & OAHC
340B Prescription Drug Program	PL 2023, Chapter 276	Nov/Dec of 2025	HCIFS, OAHC, and the Maine Prescription Drug Affordability Board
Maine Surprise Billing Template	PL 2023, Chapter 591	June 1, 2025	Bureau of Insurance & Commercial Payors
Mandated MQF Report	Statute	Release Date	Submit to
Primary Care Spending	PL 2019, Chapter 244	January 27, 2025	HCIFS & Commissioner of DHHS
<u>Behavioral Health Care Spending</u>	PL 2021, Chapter 603	February 2025	HCIFS & Commissioner of DHHS
Other Reporting			
<p><u>2023 Standardized Annual Hospital Financial Report</u> - three-part report</p> <p><u>Health Care Payments in Maine</u> - formally Baseline Report</p> <p><u>Trigger NDC's for CY 2024</u> - list of NDC's that hit one of three triggers as defined in law</p> <p><u>List of Drug Product Families for CY 2024</u> - list of drug product families that MHDO intends to request pricing component data from reporting entities defined in Ch. 570</p> <p>Created new page on MHDO website for <u>Maine Hospitals & Federal Price Transparency Requirements</u> (PL 2023, Ch. 584) & <u>Maine Hospitals Participating in Federal 340B Drug Program</u></p> <p><u>MHDO's APCD & Hospital Data Availability</u> – Interactive Tableau</p> <p>Custom Extract of MHDO's claims data for Maine Workers' Compensation Board</p>			

Attachment B

CompareMaine.org

Printer Friendly Version

Show the payments for:

Knee replacement

CPT Code: 27447

This payment estimate is for a typical 60-day episode of care and includes related medical services 30 days before and 30 days after the surgery. All services related to the surgery are included, such as anesthesia, administered medications, medical and surgical supplies, x-rays, surgeon fees, and therapeutic procedures. The services are provided by a variety of healthcare providers and settings. The payment estimate is attributed to the healthcare setting that was paid the most, usually the one where the surgery took place.

General surgery can be identified by many CPT Codes that have small variations from each other. For this procedure, episodes are identified by one of the following CPT Codes: 27445, 27447, 27486, or 27487. The **Methodology for Reporting Bundled Episodes of Care** details the complete list of codes included in this bundled episode.

Maine State Average
\$48,430

List Map

Learn About The Data

Search: within 25 miles of City or ZIP Code Search Show prices by insurance company: Show all insurance companies

Compare Healthcare Settings Sort by: Healthcare Setting Name Average Total Payment

Central Maine Orthopaedics 690 Winot Avenue Auburn, ME 04210-3922 \$24,252 what makes up this payment? count of 10

DOWNEAST Surgery Center 404 State Street, Suite 200 Bangor, ME 04401-6623 \$26,966 what makes up this payment? count of 150 Multiple locations

Maine Medical Center 22 Bramhall Street Portland, ME 04102-3134 \$52,339 what makes up this payment? count of 1,320 Multiple locations



View more hospital quality data

MaineGeneral Medical Center 35 Medical Center Parkway Augusta, ME 04330 \$54,622 what makes up this payment? count of 400 Multiple locations



View more hospital quality data