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RE: Support for LD 1497, An Act to Amend the Laws Governing Primary Care Reporting by the Maine Quality Forum and to Establish the Primary Care Advisory Council

Senator Bailey, Representative Mathieson, and Members of the Committee on Health Coverage, Insurance and Financial Services:

I am testifying today to express my strong support for LD 1497, *An Act to Amend the Laws Governing Primary Care Reporting by the Maine Quality Forum and to Establish the Primary Care Advisory Council*. I wanted to express my personal support for this bill as a Maine physician and long-time public health advocate, recognizing the urgent need to take action to strengthen primary care in this state.

The people of Maine need and deserve a strong primary care system, but it is clear that system is currently under tremendous strain which is rapidly getting worse. One specific indicator of this strain is the ability of patients to access primary care services. If any of you have tried to get an appointment recently with your primary care provider (if you're fortunate enough to have one), I suspect you may have directly experienced that reality personally; or your experience has likely been even worse if you've lost your primary care provider and are trying to find a new one.

Numerous studies in the US and across the globe have shown that primary care is the only health care service that consistently improves health care quality *AND* lowers costs. Access to primary care is associated with better quality of health care, longer life, and lower costs. Additionally, when asked what people want most from their health care, they often state that they want more time with their doctor, and a strong relationship with someone who knows them and can help them manage their health over time - i.e. a primary care clinician. But at the same time, the practice of primary care has become increasingly difficult, particularly as many primary care providers have retired or left the field, and fewer new doctors are choosing to go into primary care – creating significant gaps in the support for the primary care services that we all need.

We also know from national and state efforts to measure primary care spending that the percent of health care dollars spent on primary care is very low – typically 6-8% of overall healthcare spending, while countries with stronger primary care systems typically spend 12-15% or more on primary care. The Maine Legislature took an important initial step in 2019, passing legislation that charged the Maine Quality Forum (MQF) with measuring and annually reporting the portion of overall health care expenditures that is spent on primary care in Maine. While the MQF has very capably generated that report each year since then, very little has changed in terms of that spending, and at the same time, the state of primary care has grown worse – i.e. MQF reports have shown Maine's spending on primary care, while slightly better than the national average, is still a small fraction of overall

spending at 9-10%, and has remained relatively constant over the past five years. It has become apparent that simply generating that report is not enough either to improve support for primary care, or to fully measure the true health of primary care in Maine.

In looking around the country, we have identified actions that can be effective at the state level. Several states including Massachusetts, Rhode Island, New York, and Virginia have expanded their efforts in recent years to more broadly measure the health of primary care, creating a “primary care report card” that reports not only the percent of primary care spending, but also other key indicators such as access to primary care services; primary care workforce supply and distribution; and outcomes of primary care services. Data gathered from these broader efforts can better reflect the overall health of primary care and is essential to informing future policy efforts to address gaps.

Additionally, and in response to similar challenges, many states have also established state-level, multi-stakeholder primary care coalitions that both oversee these reporting efforts and generate policy recommendations to strengthen primary care. These include Colorado, Delaware, New Mexico, Oregon, Virginia, and most recently, Massachusetts. No such coalition currently exists in Maine. Given the importance of primary care to the overall health care system, we recognize that creating a multi-stakeholder collaborative is needed both to develop a shared vision for primary care in Maine, and to identify gaps that can inform future policies and strategies to address the critical issues currently being faced by primary care providers and patients. The MQF is recognized as a trusted convener for this work and has identified resources to convene the proposed council.

In closing, LD 1497 presents an important opportunity to build on the previous work and investments already made by the state and will support our shared goals of supporting primary care. This action is critically needed to better identify the issues currently faced by primary care and to inform efforts to support a stronger system of primary care to meet the needs of Maine people.

I appreciate your consideration of this bill and encourage your strong support. I would be happy to provide any additional information and answer any questions now or at the upcoming Work Session.

Thank you.

A handwritten signature in black ink, appearing to read "Lisa M. Letourneau" followed by a stylized monogram or initials.

Lisa M. Letourneau MD, MPH