

**Testimony of Thomas Page, DO, MBA
Auburn, Maine
In Support of LD 1663**

Good afternoon, Senator Bailey, Representative Mathieson, and Members of the Health Coverage, Insurance and Financial Services Committee. My name is Thomas Page and I'm a practicing Ob/Gyn physician in Auburn. I'm also the sole proprietor of Assurance Ultrasound that provides obstetric, gynecologic, and fertility ultrasound services in Auburn. I appear before you today to testify in support of **L.D. 1663, "An Act Relating to Health Care Transparency and the Maine Health Data Organization"**.

L.D. 1663 would require the Maine Health Data Organization to display the average price per listed procedure for **all payors** on its publicly facing CompareMaine.org website, not only commercial insurers as it does now.

The Maine Health Data Organization (MHDO) was established in 1995 as a uniform system of reporting healthcare information and requires that **all payors** and providers who are required to file reports do so in a consistent manner. (MRS Title 22, Chapter 1683)

Per that original document, the intent was clearly stated to provide a publicly available medical database that would offer **price transparency** for medical procedures,

As stated in the original document:

(c. 1683, §8701. Declaration of Purpose) "...public access to those reports be ensured."

(c. 1683, §8704), "7. Annual Report..." to improve consumer access to health care quality and price information and price **transparency** initiatives..."

(c. 1683, §8712), "1. Quality. The organization shall promote public **transparency** of the quality and cost of health care...

Sub-Section 8712 also clearly states:

"The website must be constructed to display prices paid by individual commercial health insurance companies, 3rd-party administrators and, unless prohibited by law, government payors."

The instructions seemed clear enough.

Now consider this explanation for **not** presenting the appropriate prices under the "Methodology" page of the CompareMaine.org website:

"We filter the data by removing claims with missing information, claims from public payors (Medicare and Medicaid), and commercial claims for anyone 65 years old or older, as these claims are often paid for in-part by a public payor like Medicare and **including them would distort the average.**" (emphasis mine)

Per Ch 1683, the publicly accessible site **must** display prices from government payors. There's no stipulation about **distortion** on the part of those interpreting the numbers at this organization. Also, and as a matter of clarity, when one considers the accuracy and utility to the public of the information presented

on the **CompareMaine.org** website, discarding 78% of the data¹ to arrive at the “average” price of a particular procedure is misleading, at best.

Including only those prices paid by the commercial insurers is mathematically misleading when the original and lawful intent is to include **all** pricing information.

22% of the data for any specific procedure is only a sampling of that data and not the average. This should be corrected to include government payors (Medicare and Medicaid) when displaying the average reimbursement to providers. To do otherwise dismisses the original intent of transparency.

The task before the MHDO, to aggregate all medical data, is gargantuan. Creating a uniform system of reporting health care is a massive accomplishment in and of itself. As far as the publicly facing **CompareMaine.org** website, the MHDO would be serving the public well enough by simply providing the raw data as it was intended. It should present the data on those 300 (out of a potential 11,000) procedures and include prices paid by commercial insurers as well as government payors as **LD 1663** promotes.

¹ . That number is derived from the claims data easily available under the “Data Availability” tab on the MHDO website. Commercial insurers paid 5,082,108 claims out of the 23,161,368, or 22% of the claims made available to the MHDO in 2023.