

*Senator Bailey and Representative Kristi Mathieson, and other members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services -*

My name is Louise Secordel, I live in Scarborough, I'm a Board Member of Maine AllCare and I'm testifying in support of LD 1883.

My background is in healthcare administration and health policy research. While there are many reasons why universal coverage is important in addressing our healthcare system's failures, today I'd like to focus on primary care. Loosely defined as health services that cover a range of prevention, wellness, and treatment for common illnesses, primary care also plays a critical role in care coordination and continuity, and research shows how important it is for better health outcomes and lower spending.<sup>1</sup>

But nationally, we have a shortage of primary care clinicians<sup>2</sup> and not enough entering the workforce, access to services is increasingly more difficult, and primary care spending is low compared to peer countries and decreasing over time.<sup>3</sup>

Some states, including Maine, are tracking primary care spending as a proportion of total healthcare spending.<sup>4</sup> Of note, according to the Maine Quality Forum's latest annual report on primary care spending in the state, between CY21-23, commercial payers had *lower* primary care spending compared to public payers, and this proportion *decreased* over the 3-year period.<sup>5</sup>

To strengthen our primary care infrastructure, we need a) the right level of payment and b) the right method of payment.

a) The right level of payment –

- Research into the Medicare physician fee schedule shows that it devalues primary care services relative to other services.<sup>6</sup> Other payers structure their physician payment based on the Medicare schedule, with wide price variation for the same services.
- Medicaid typically pays below Medicare rates--in Maine, Medicaid rates are 72.4% of Medicare.<sup>7</sup>

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<sup>1</sup> <https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care>

<sup>2</sup> <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf>

<sup>3</sup> <https://www.milbank.org/publications/the-health-of-us-primary-care-2025-scorecard-report-the-cost-of-neglect/>

<sup>4</sup> <https://thepcc.org/policy/state-investment-hub/state-initiatives/>

<sup>5</sup> <https://legislature.maine.gov/doc/11539>

<sup>6</sup> <https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care>

<sup>7</sup> <https://www.maine.gov/dhhs/oms/providers/provider-bulletins/revision-medicare-standardization-rates-2025-01-16>; <https://www.medicaid.gov/medicaid/spa/downloads/ME-22-0029.pdf>

- **A universal state-based health plan would have a larger risk pool and could more easily set its rates to better value primary care and promote the stability of its workforce,** as noted in section 7809 of the bill.<sup>8</sup>

b) The right method of payment –

- Experts have called for new ways to pay for holistic, team-based care that would be a more financially stable model than the fee-for-service payments that favor procedural services. These include population-based payments, in the form of per-patient per-month payments, to encourage investment and payment for core services that are otherwise not billable.
- Key challenges to alternative payment models like this is that they are more complex to implement, and in general, commercial payers are not participating in federal initiatives and/or offering these contracts to primary care providers.<sup>9</sup>
- **A universal plan would allow for more control to streamline and implement the right payment model(s)<sup>10</sup> for Maine’s primary care services.**

Perhaps most importantly, a unified health plan would greatly simplify and reduce the documentation burden<sup>11</sup> primary care clinicians face today.

- The current complexity in dealing with dozens of insurance carriers and differences in contracts, prior authorization,<sup>12</sup> and quality metrics is incredibly frustrating and inefficient.
- I have heard primary care physicians say they feel like they are cogs in a wheel, that they are constantly in battle mode due to understaffing issues, that they spend many evening and weekend hours catching up on paperwork and still feel behind.
- **A universal plan would streamline billing processes, decrease administrative loads, and increase the time clinicians have for patients.**

I have spent much time witnessing and reading about the challenges in primary care and the burnout<sup>13</sup> our clinicians are experiencing. I’d like to be part of the solution, which is why I am here before you today. I urge you to vote “Ought to Pass” on LD 1883.

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<sup>8</sup> §7809, 2A: “The board shall pay noninstitutional providers based on rates negotiated with providers. Rates must take into account the need to address provider shortages.”

<sup>9</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2024/jul/why-primary-care-practitioners-arent-joining-value-based-payment>

<sup>10</sup> <https://www.milbank.org/publications/how-payment-reform-could-enable-primary-care-to-respond-to-covid-19/>

<sup>11</sup> <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2790396>

<sup>12</sup> <https://www.aafp.org/pubs/fpm/issues/2023/1100/prior-authorization.html>

<sup>13</sup> <https://www.commonwealthfund.org/blog/2024/poor-prognosis-more-one-third-burned-out-us-primary-care-physicians-plan-stop-seeing>