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March 9, 2021

Senator Heather Sanborn, Chair
Representative Denise Tepler, Chair
Members, Joint Standing Committee on Health Coverage, Insurance, and Financial Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 541 - An Act to Improve Health Care Data Analysis

Dear Senator Sanborn, Representative Tepler, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

This bill affects the Department of Health and Human Services (the Department/DHHS) and the clients we serve in several ways. To begin, we appreciate the collaboration of Rep. Anne Perry and the Maine Health Data Organization (MHDO) with the Department to develop a multi-payer healthcare provider database and service locator tool that would be integrated with MaineCare and the Department as a whole. This, along with the development of a plan to build a more robust, multi-payer provider database that would enable carriers to meet their requirements, minimize provider reporting burden and increase accuracy of database information, will enable the Department and providers across the state to be more efficient and effective at identifying appropriate placement and service options for individuals in need, with the potential to increase access to critical services and improve health for all Mainers.

The Department has committed to creating a service locator tool as part of its federal Support for ME grant. In coordination with the MHDO, the Department issued the RFP for the Service Locator Tool in September 2020 and awarded the RFP to OpenBeds in December 2020. OpenBeds is a wholly owned subsidiary of Appriss Inc, and provides a cloud based solution to identify, locate and make referrals for substance use and mental health treatment, in real time, in nine states. OpenBeds is also integrated with the Appriss Prescription Monitoring Tool, utilized by Maine's Prescription Monitoring Program (PMP).

MHDO is a key partner in the development of the Service Locator Tool and the MHDO Provider Database will be integrated into the Service Locator Tool. While the Department's principal emphasis in these efforts is to use the tool to improve member access to behavioral health services and substance use disorder services for the MaineCare and uninsured populations, there is broad acknowledgement of both the importance and paucity of accurate, integrated provider location, service and capacity information across all healthcare services and payers. A multi-payer provider database provides a critical foundation for analysis, identification and referral purposes, ensuring that:

- Patients have easy access to accurate and complete provider and service location information to assist them to identify their local service options.
- Providers and the Department also have access to this information to assist with the proper referral and/or placement of patients to the appropriate, available service and care setting.
- The State of Maine and healthcare purchasers/plan sponsors have accurate data necessary to analyze and ensure provider accountability for the delivery of high value care.

An effective service locator tool is contingent on the accuracy of the data provided. Providers currently struggle with the reporting requirements from multiple payers and other state and federal sources. Under an effective multi-payer provider database as envisioned in this bill, providers would only need to update provider information to a single database, and payers could then utilize that same source for their own needs. This bill takes an important step toward development of such a database by calling for stakeholders to determine requirements and create a plan to achieve this goal.

Given the critical need for accurate service and provider data, the Department has work well underway with the MHDO to develop a provider database and is working to finalize a contract for development of the service locator tool. DHHS and MHDO will continue this collaboration regardless of the outcome of LD 541. Nonetheless, passage of LD 541 would help the State of Maine on the path to realizing substantial benefits and efficiencies. The plan called for under LD 541 would aim to increase the accuracy of the Department's tool and analyses. MaineCare is required by the Centers for Medicare and Medicaid Services (CMS) to have a provider search tool; the Department and MHDO are in conversations to determine whether the MHDO provider database could also meet these CMS requirements.

Along with this potential, the Department would like to highlight some privacy and data-sharing concerns from Maine CDC and the need to consider amending the language of the bill to address these.

Maine CDC's Division of Data, Research, and Vital Statistics (DRVS) is responsible for maintaining the centralized statewide system of vital records and are custodians of Maine's vital records starting in 1892. The Cancer Registry is one unit within DRVS. Both vital records and the Cancer Registry were created, through legislation, to establish a centralized registration system and centralized reporting for incidence of cancer. Title 22 MRS §2706 details how vital records are to remain confidential and authorizes the Department to develop rules around the manner by which the data may be released for federal and State agencies and researchers. 22 MRS §1406 permits the Department to adopt rules providing for the protection of the confidentiality of cancer case data. The Department has implemented rules for vital records and the Cancer Registry is in the process of drafting rules specific to data sharing and the use of the registry data. Protocols are in place for requests that include sharing personal identifiers and these require additional DHHS review and A Data Sharing and Protection Agreement, which requires the requestor to make certain declarations about the use, disclosure and safeguarding of Department data that is seeks, must be co-signed by the Commissioner of the Department and the data's recipient, before such data is shared.

The language proposed as §8715-A states that MHDO may establish rules to require the reporting of vital records and Cancer Registry data to the organization. DHHS must maintain authority to make determinations related to the sharing of information in its custody. Therefore, we encourage the committee to change this language to direct the Department to develop appropriate memoranda of understanding as necessary to share relevant information.

DRVS has an outstanding track record for securing and maintaining an individual's confidential information. We understand the importance of working in collaboration and would be open to sharing data in accordance with the Department's applicable confidentiality laws, promulgated rules, and internal policies and procedures.

Additionally, the Department would like to highlight sections that require use of the database and information sharing by DHHS. The Office of MaineCare Services, as Maine's Medicaid agency, is specifically named as a HIPAA-covered entity in statute. In complying with HIPAA, as well as other state and federal laws, regulations and rules, the Department is responsible for meeting its legal obligations and protecting its consumer information. DHHS would appreciate if additional language was inserted to the proposed statute to clarify that this should all be consistent with applicable confidentiality laws and internal policies and processes, and would prefer to share data through mutually developed memoranda of understanding, rather than being compelled to share in law.

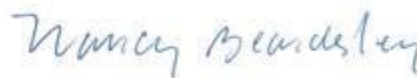
We appreciate stakeholders' willingness to consider these concerns and Maine CDC, the Office of MaineCare Services, and the Department are happy to meet with interested parties to identify language that would be mutually agreeable.

Thank you for your consideration of this matter and the opportunity to provide this testimony regarding LD 541. We will gladly provide additional details for the Committee's consideration.

Respectfully,



Michelle Probert, Director
Office of MaineCare Services



Nancy Beardsley, Deputy Director
Maine Center for Disease Control and Prevention