

To: Joint Standing Committee on Health Coverage, Insurance & Financial Services

April 15, 2021

RE: LD 1196 – AN ACT REGARDING TARGETS FOR HEALTH PLAN INVESTMENTS IN PRIMARY CARE AND BEHAVIORAL HEALTH

Good morning Senator Sanborn, Representative Tepler and Members of the Committee on Health Coverage, Insurance & Financial Services. My name is Evan Barnathan and I am board certified in family medicine and preventive medicine practicing in Lewiston testifying on behalf of myself.

I am writing you today in support of LD 1196 as it will go a long way to improve the health of Mainers, give them access to high quality care, and not increase overall health care costs.

With all we've learned from the COVID19 pandemic, we have heroically reacted to all that has belied us. We have social distanced, we have implemented Telehealth, we have developed pop-up testing sites, we have created mass vaccination clinics. There is truly amazing work happening every day on the frontlines of healthcare in Maine.

I have been there on the front lines this past year serving as the medical director in a family medicine residency program supporting our team of heroes who deliver patient-centered, comprehensive care spanning the age spectrum from birth to the aged. Pre-pandemic and now, we have been understaffed and underfunded while our staff continue to rise to every challenge. For this, I am truly grateful and humbled.

In order to better position ourselves for the next pandemic and our current healthcare crises like the opioid epidemic, health disparities and poor access to care, we are here to consider a down payment on those frontline heroes.

When you think of these challenges, the people who have always been on these front lines are primary care providers: "your doctor." I ask a simple question, in calling myself a **primary care** physician, I wonder when the healthcare system will **care primarily** about those frontline heroes by investing more healthcare dollars in primary care instead of acute care settings.

As you demonstrated in Public Law, Chapter 244, as of January 15th, 2020, we spend 5-9% of healthcare dollars in Maine on primary care which is in line with national averages.¹ Meanwhile, at the national level we spend 38.3% on hospital care, 19.5% on physician care and 13.8% on prescription drugs.^{2,3,4}

In looking at what an investment in primary care could mean, please consider some information which will improve the health of Mainers and save money for taxpayers:

- US adults with a PCP have 19% odds of premature death than those who only see specialists^{5,6}
- People with a PCP have 33% lower costs than those who only see specialists^{5,6}
- For every \$1 increase in spending in primary care, we see \$13 in savings⁷
- As a nation, the US would save \$67 billion per year if everyone used primary care for usual care^{5,6}
- In one North Carolina study, 60% of patients in the emergency department could have been addressed by a PCP with a potential savings of 3-7 times what was spent in the ED⁸

This increase in primary care spending isn't theoretical. In Rhode Island, they increased primary care spending from 5.7% in 2008 to 9.1% in 2012. Over this same period, total healthcare expenditures fell 14%.⁹

LD1196 isn't just a good financial investment, it's an investment in the health and wellness of Maine people.

Primary care and behavioral health care are essential medical services for all people. As a family and preventive medicine physician, I am proud to work alongside the heroes at our clinic and I ask you to support LD1196. Please consider where primary care fits strategically into the health of not just Maine people and Maine taxpayers, but the fact that primary care, "your doctor", is best positioned to prepare for the next pandemic and tackle our current pressing healthcare challenges.

If you have any questions or would like to discuss the bill with me, please don't hesitate to contact me.

Sincerely,

Evan Barnathan, MD MPH

References

¹Harrington K. Primary Care Spending in State of Maine Report. Maine Quality Forum. January 15, 2020.

²Bailit, M. H., Friedberg, M. W., & Huoy, M. L. (n.d.). Standardizing the Measurement of Commercial Health Plan Primary Care Spending. Retrieved from <https://www.milbank.org/wp-content/uploads/2017/07/MMF-Primary-Care-Spending-Report.pdf>

³ Koller, C. (n.d.). Primary Care Spending Rate - A Lever for Encouraging Investment in Primary Care | NEJM. Retrieved from <https://www.nejm.org/doi/10.1056/NEJMp1709538>

⁴ Patient Centered Primary Care Collaborative (2019, July). Investing in Primary Care: A State Level Analysis. Retrieved from <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.1248>

⁵B. Starfield, L. Shi, and J. Macinko, "Contribution of Primary Care to Health Systems and Health," *Milbank Quarterly*, Sept. 2005 83(3):457– 502;

⁶S. J. Spann, "Report on Financing the New Model of Family Medicine," *Annals of Family Medicine*, Dec. 2004 2(2 Suppl. 3):S1–S21.

⁷Gelmon S, Wallace N, Sandberg B, Petchel S, Bouranis N. Implementation of Oregon's PCPCH Program: Exemplar Practice and Program Findings. Oregon Health Sciences University & Portland State University School of Public Health and Mark O. Hatfield School of Government. September 2016.

⁸Uscher-Pines L, Pines J, Mehrotra A. Deciding to Visit the Emergency Department for Non-Urgent Conditions: A Systematic Review of the Literature. *Am J Manag Care*. 2013 Jan; 19(1): 47-59.

⁹Primary Care Spending in Rhode Island: Commercial Health Insurer Compliance. Office of the Health Insurance Commissioner, State of Rhode Island. January 2014.