

Testimonial in support of LD 1196 – An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health

LD 1196, a bill requiring all insurance carriers in Maine to incrementally increase the percentage of expenditure directed toward primary care with integrated behavioral health is a necessary nudge toward reducing overall health care expenditure and improving quality of care. The bill specifies a 1-2% annual increase in primary care with behavioral health expenditure over a 3-year period without increasing overall health expenditure.

Currently the State of Maine directs between 5-9% of healthcare spend toward primary care. Evidence demonstrates that increasing this percentage to 12% reduces overall healthcare costs. In the State of Rhode Island, a \$27 million investment in Patient Centered Medical Homes and Current Care (the state's health information exchange) contributed to a net decline in healthcare expenditure of \$88 million. Investment in primary care reduces morbidity and mortality. It reduces emergency department visits and hospitalizations. It allows people to live healthier, longer, and more productive lives.

This is not a story about one patient. This is a story about many of our patients. The Maine CDC reports that the top 10 causes of death in our State are cancer, heart disease, accidents, chronic lower respiratory disease, stroke, Alzheimer's disease, diabetes, flu/pneumonia, suicide, and kidney disease. These are not only treatable, but often preventable diagnoses in a robust primary care system. Behavioral health and behavior change are foundational to both prevention and treatment of the diseases that cost our State not only dollars but more importantly lives lost.

Consider Jimmy. He is 45 years old and is one of 10.6% of Mainers with a diagnosis of diabetes. He works for the DOT. He struggles with getting time to attend appointments, with the cost of medications and with changing his lifestyle to improve his diet and get more exercise. Without improved control of his diabetes, he is twice as likely to have a heart attack or stroke. He is at significant risk of kidney failure, limb amputation and vision loss. His future care will cost more than twice that of patients who do not have diabetes and his quality of life and productivity will most certainly be less. But what if, we were able to care for Jimmy in a manner that prevented him from ever developing diabetes by educating him and supporting him in behavior changes resulting in a healthier lifestyle...? Or what if we were able to care for him in a manner that improved his glucose control and substantially reduced the costly and life impacting consequences of his diabetes...? Jimmy would most likely be healthier, happier and a productive member of society for many more years.

If the quadruple aim 1) cost reduction, 2) better outcomes, 3) improved patient experience, and 4) improved clinician experience are to be achieved it seems crystal clear that it begins with investment in primary care and integrated behavioral health.

Respectfully submitted April 15, 2021,

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This testimonial is submitted independently and does not reflect the viewpoint of our employer Northern Light on LD 1196.