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Lewiston

Good Morning Senator Sanborn, Representative Tepler, and Members of the Committee on Health Coverage, Insurance & Financial Services.

My name is Matt Levasseur and I am a primary care physician practicing in Lewiston. After graduating from medical school in Biddeford and receiving initial Family Medicine training, I served as a Field Surgeon in the Army Medical Corps for four years, then returned to my hometown of Lewiston to apply what I learned to my own community.

I am writing this testimony in support of LD 1196 on behalf of myself to provide better access to high quality and efficient healthcare to Mainers without increasing overall healthcare costs. It is absolutely paramount that we shift funding from the downstream health catastrophes to the upstream prevention efforts of primary care teams. The best way to do this is with a comprehensive, multidisciplinary, team-based approach, and this will require expansion of services in offices like mine, where the crucial conversations about cancer screening, drug and alcohol abuse, COVID-19 vaccination, early behavioral health intervention, and chronic disease management take place.

Let's compare two Mainers from my empanelment. Mr. C has always had yearly preventative health visits in the primary care office, and therefore had his first colonoscopy at age 50. He had a precancerous polyp removed with no complications and will have his next colonoscopy in three years. Ms. H., at age 67, never had a screening colonoscopy. She presented to the Emergency Room in December of last year with rectal bleeding. She was found to have a large, malignant tumor in her colon. She was admitted to the hospital, where she underwent three surgeries which were complicated by impaired healing and infection, and required transfusion of donated blood. She ultimately passed away after a three-week hospitalization.

Ms. H. had several critical barriers to receiving adequate primary care. She had poor health literacy which could have been overcome with enough time for alternative educational strategies about the importance of screening tests. She did not have transportation to and from her appointments, which could have been mitigated by a Social Worker connecting her to the right community-based resources. If she had a Nurse Case Manager and Psychologist on her team, we could have recognized and ameliorated the contribution of her anxiety disorder to her reluctance to seek care at the earliest sign of disease. Ms. H's catastrophic demise could have been preventable with adequate access to a full primary care team. Having a full team does require an up-front investment, but reduces provider burnout, encourages healthcare professionals in their respective disciplines to work at their full potential, cuts costs in the long-term, and most importantly improves patient outcomes and reduces the burden of disease.

Every week, patients have been asking my advice about the COVID-19 vaccine, and I am able to share with them my recommendations to vaccinate so that Maine can gradually develop herd immunity. Every day, I am having conversations about alcohol overuse and tobacco abuse. Too often, these prevention topics are an after-thought at the end of our short appointments, not allowing enough time to nurture the relationships or supply the resources needed to induce behavior change. But in our upside-down system that reimburses hospitals more for catastrophes than for preventative services, we are sending subliminal messages to our patients to seek medical attention only after a problem develops.

Moreover, most graduating medical students have \$250,000 or more of education debt, with interest rates exceeding 6%. This tragically makes primary care specialties, which are paid a fraction of what many surgical specialties are paid, less desirable to new medical graduates. This could be mitigated by expanding student loan repayment programs, revising provider payment systems, or even providing scholarships to future primary care providers.

Primary care and behavioral health care are essential medical services for all people. Maine's people have an ever-growing need for provision of this basic care, and simply cannot be productive members of society without the appropriate primary care infrastructure. It is time that fund allocation of insurance providers reflects this need. LD 1196 is an important step in this direction.

Please feel free to contact me with any questions or further discussion.

Respectfully,
Matt Levasseur, DO