

State of Maine | 130th Legislature  
Joint Standing Committee on Health Coverage, Insurance and Financial Services  
Testimony of Darcy Shargo, on behalf of Maine Primary Care Association  
April 15, 2021  
Supporting:

LD 1196, “An Act Regarding Targets for Health Plan Investments in Primary Care and Behavioral Health”

Senator Sanborn, Representative Tepler, and distinguished members of the Health Coverage, Insurance and Financial Services Committee, my name is Darcy Shargo, and I am the CEO of the Maine Primary Care Association (MPCA). MPCA is a membership organization that includes all of Maine's 20 Community Health Centers (CHCs). I am sorry that I cannot deliver this support in person but we are grateful for the chance to share with you why we think LD 1196 should receive serious consideration.

As the largest primary care network in the state, Maine’s health centers serve 1 in 6 Maine people. As such, MPCA and its community health centers strongly support this bill and believe that it has the power to improve health, lower costs, and can contribute to a better Maine overall—especially as we work to recover from the ravages of a global pandemic.

In their experience as world-class primary care providers, Maine’s CHCs have landed on many key facilitators to a successful primary care model:

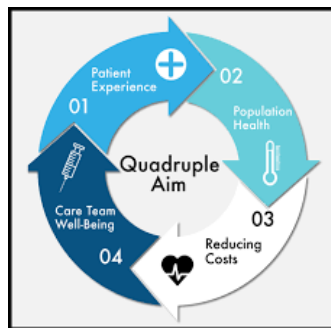
- High levels of access (i.e., weekend and evening hours, same day visits);
- Social needs assessments and referrals;
- Team based approach through a group of experts that manage a patient’s care plan – this includes non-clinical (and often non-billable) services (i.e. community health worker, interpretation, case management, health education, application assistance for various programs like MaineCare, SNAP, etc.) that improve access to healthcare and improve health outcomes;
- Integrated services that create a “one-stop shop” for medical, mental health, treatment of substance use disorder, and comprehensive dental care;\*
- Focus on quality, data and analytics, care coordination;
- Focus on appropriate care: decreasing unnecessary emergency room visits and hospitalizations, transitions of care, medication reconciliation;
- Ability to pivot operationally and clinically in crisis – i.e., COVID response

Attributes that strengthen primary care require ongoing investment and support—and while Maine has expressed interest in setting targets that would facilitate the stabilizing and strengthening of primary care, there has yet to be a demonstrable commitment to seeing that interest through. At the same time, primary care has experienced—most acutely in the last year—a ballooning set of expectations without a systematic or strategic approach to how such significant expectations around care delivery can be supported over the long haul.

Maine law (Public Law, Chapter 244) enacted in 2019 began an assessment process to better understand primary care expenditures in Maine; work to date has shown that on average **5-9%** of all expenditures in health care were for primary care.<sup>i</sup> By contrast, the average for primary care expenditures in European Union countries is around 13%, and the majority of those countries have better health outcomes and

higher life expectancies than is the case in Maine or the U.S. This bill presents a logical next step to move past assessment and make more concrete the state's interest in lowering total health care costs. A 2020 Primary Care Collaborative study noted that, "using other countries as a basis of comparison . . . health systems with stronger primary care investment operate in a more cost effective and efficient manner, which holds true across not only disparate countries, but various states across the U.S. as well." The study notes also that there are "lower emergency department visits in states with higher primary care spending, and lower hospitalizations."<sup>ii</sup>

Finally, we urge you to also consider how investments in primary care align with Medicaid (and other payer) efforts to ramp up value based payment. MaineCare is currently in the planning phase of a new program called Primary Care 2.0 (PC 2.0). We understand that the intent is to operationalize this program without any additional investment in primary care. This approach strikes us as a significant missed opportunity. In fact, this new program should be viewed as a means to braid together a value based strategy with increased investments in our primary care system, such as this bill contemplates. New payment programs for Medicaid and other payers succeed by providing additional and new funding to primary care providers in order to improve chances of meeting the "Quadruple Aim" as portrayed in the graphic below. We encourage the Committee to find a way to make sure that efforts across the state are aligned, intuitive, and embolden primary care as the engine of change.



I welcome any follow up to my testimony and thank you for your consideration. Please feel free to reach out to me at [dshargo@mepca.org](mailto:dshargo@mepca.org).

Darcy Shargo, MA  
Chief Executive Officer  
Maine Primary Care Association

\*Most of Maine's community health centers offer integrated behavioral health services that range from counseling, or therapy, to full-on treatment of opiate addiction/substance use disorder. In addition, a majority of CHCs offer dental services as well. FMI, see: <https://mepca.org/community-health-centers/health-center-profiles/>

<sup>i</sup> ([https://mhdo.maine.gov/mqfdocs/MQF%20Primary%20Care%20Spending%20Report\\_Jan%202020.pdf](https://mhdo.maine.gov/mqfdocs/MQF%20Primary%20Care%20Spending%20Report_Jan%202020.pdf))

<sup>ii</sup> (<https://www.pcpc.org/sites/default/files/resources/PC%20Spend%20Fact%20Sheet%20.pdf>)