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Daniel Bryant Testimony on LD 1045, May 12, 2021

Good morning Senator Sanborn, Representative Tepler, and members of the Health Coverage, Insurance and Financial Services Committee. My name is Daniel Bryant, I live in Cape Elizabeth, and I'm testifying as a primary care physician in support of LD 1045, the Maine Health Care Act.

Primary care is crucial in a health care system: it fosters long-term doctor-patient relationships, centralizes patients' health information, enhances shared decision making, discourages fragmentation and discontinuity of care, and has been shown to control health care costs. During this hearing you will hear many reasons for voting yes on this bill, but I would like to focus on its support of primary care, both professionally and financially.

Professionally - 1) The board would include at least one primary care provider.

2) Features of the bill include: "All patients are entitled to have a primary care provider...." Policies will "ensure a continuum of coordinated high-quality primary to tertiary care...." There is a "Focus on preventive care and early intervention to improve health."

3) In the multi-payer, multi-reimbursement level system we have now, I'm ashamed to say that many physicians hesitate to accept patients whose care will not be reimbursed well or at all. LD 1045 would ensure equal reimbursement for all Mainers, thus relieving committed physicians of this moral dilemma.

4) With a single plan, primary care physicians could automatically recommend their treatment of choice, not have to ferret out disparate commercial plan details to see if a certain consultant or drug was available, the deductible affordable. Time spent trying to stay on top of multi-payer system minutiae would be freed up for patient care.

5) Because of negotiated rates, corporations and private equity investors would no longer see physician groups as juicy investments; and physicians, especially in primary care, would no longer feel they had to turn to investors for help coping with administrative challenges.

Financially - 1) Primary care physicians would be paid at rates negotiated with one payer, whose priority would be the maintenance and morale of a strong primary care work force, not corporate profits.

2) Billing and Insurance costs (staff, software, consultants, in-services) would be reduced. There would be neither unreimbursed care nor collection expenses.

3) The health care of staff would be taken care of simply, without need for annual insurance negotiations.

4) Malpractice insurance costs could be reduced because "The board shall determine the feasibility of self-insuring providers for malpractice...."

5) The plan would "Address imbalances in access to health care in urban and rural areas," meaning it would help primary care physicians who wanted to practice in underserved areas to do so.

In conclusion, support of primary care, both professionally and financially, is one of the many reasons I urge you to vote ought-to-pass on LD 1045.