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January 19, 2022

Senator Heather Sanborn, Co-Chair
Representative Denise Tepler, Co-Chair
Committee on Health Coverage, Insurance and Financial Services
C/o Legislative Information Office
100 State House Station
Augusta, ME 04333

Dear Senator Sanborn, Representative Tepler, and Members of the Committee on Health Coverage, Insurance and Financial Services,

We are writing to express our support for ***LD 1842, Resolve, Regarding Legislative Review of Portions of Chapter 120: Release of Data to the Public, a Major Substantive Rule of the Maine Health Data Organization.***

As research staff and faculty within the Cutler Institute for Health and Social Policy and the Public Health academic program in the Muskie School of Public Service at the University of Southern Maine, we have extensive experience analyzing and using Maine's large administrative health care datasets for health services research, policy analyses, program evaluation, and public health surveillance to improve service delivery and population health outcomes for Maine residents.

For decades, the data available through the Maine Health Data Organization (MHDO) have been an essential resource for measuring health and public health issues affecting Maine's residents, studying the impact of efforts to address them and informing data and evidence-based policymaking to improve the health outcomes of our citizenry. Access to APCD and hospital discharge data through the Maine Health Data Organization (MHDO) has already enabled researchers to secure external funding and design strong evaluations of many of Maine's unique initiatives. For example, faculty and research staff at the Muskie School of Public Service have used the MHDO data to study:

- the impact of Maine's Patient-Centered Medical Home Pilot on the cost-efficiency and quality of primary care delivery in the state.
- telehealth use in Maine including a study supported by the Federal Office of Rural Health Policy's Rural Telehealth Research Center to assess trends in telehealth over time to identify rural/urban variations in adoption and use and a study currently underway funded by a UMS Grand Challenge grant to assess children and adolescent's telehealth use during the COVID-19 pandemic.
- trends in maternal opioid use disorder (OUD) at delivery in Maine as well as neonatal abstinence syndrome among newborns.

USM also has a Memorandum of Understanding with the Maine Health Data Organization to support greater interdisciplinary graduate workforce development and training in health data management, analytics and research to expand use of these critical datasets for research purposes. As regular users of MHDO's data, we also participate in MHDO's Data User Group and have provided feedback on how to modify or improve the data to improve its value for research in improving health and healthcare access, quality and affordability for Mainers.

LD 1842 responds to the evolving needs of MHDO data users and some of the limitations in the existing data that have limited research. Improving the quality and breadth of data collected and made accessible by MHDO to researchers, will only further expand its use for research purposes, workforce training and research studies of this kind to support state-level research.

Specifically, we support LD 1842's efforts to improve the data released for research by including race/ethnicity variables as Level II data and linking MHDO data with other datasets (e.g. vital statistics and cancer registry data). Making these data available for public release will allow greater analyses of racial and ethnic disparities in Maine that were made more visible during the COVID-19 pandemic. In our use of MHDO data for research on birth-related outcomes (e.g. neonatal abstinence syndrome or substance use disorders), we have found using claims or hospital discharge data alone is difficult due to limited ability to match mother with children in claims and the bundling of maternity care services. Linkage of medical claims with birth records could greatly improve maternal and child health research, validation of birth record information, assessment of access to pre-/post-natal treatment associated with mother/child outcomes, and lead to improved health outcomes for women and children in Maine.

We also support provisions related to improving provider-level data and collection of non-claims payments by insurers. In its technical assistance and data analytic role USM provides to the Maine Quality Forum, we also are in support of the provisions related to insurers reporting non-claims-based payments to MHDO. We help produce MQF's annual primary care spending report to the legislature, which uses Maine's APCD data to estimate primary care spending. We know that we are understating Maine's primary care investment because MHDO does not currently collect non-claims-based payments. Based on other states' who do collect these data, we know these non-claims-based payments comprise a growing portion of healthcare spending that claims do not capture. By requiring insurers to report non-claims-based payments to MHDO, MQF can produce more robust estimates of primary care investment. Similarly, limitations in provider information currently submitted in claims has made identification of individual providers difficult for analyses to assess system capacity and quality or measure the impact of new population-based care models (e.g. Accountable Care Organizations), which the LD 1824 provisions could address.

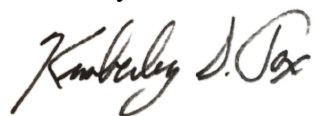
In addition to allowing for more accurate analyses of Maine initiatives and informing policy and delivery reform, these data improvements would make Maine researchers more competitive for research funding. Federal health organizations such as the National Institutes of Health and the Agency for Healthcare Research & Quality are increasingly interested in funding studies that emphasize comparative effectiveness and patient-centered outcomes as well as measuring the impact of social determinants of health. For example, USM researchers have recently proposed to study whether pregnant women with opioid use disorder receive medication-assisted

treatments during pregnancy and how different treatment type impacts postpartum health of the mother and baby. While we can identify certain types of outcomes, like hospital re-admissions and emergency department use, from claims, other critically important outcomes—including whether these rural residents are at greater risk of death—can't be measured without linking to other data sources like vital statistics. Having MHDO create a mechanism to link with vital statistics or cancer registry data, with full respect for individual privacy, and release this to researchers would enhance Maine's position as a leader in health care data and increase opportunities for new federal and private foundation funding for research.

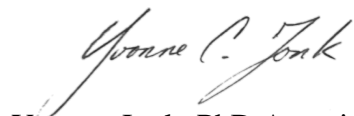
We strongly support all the many changes and enhancements included in the proposed rule. We believe that they will enhance the important research and workforce training that USM undertakes making it more relevant to address key priorities in addressing the state's health and public health concerns.

Thank you for the opportunity to share our support for LD 1842 and for continuing to improve and enhance the critical data that MHDO oversees.

Sincerely,



Kimberley Fox, MPA, Senior Research Associate



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Erika Ziller, PhD, Chair and Associate Professor of Public Health;



Katherine Ahrens, PhD, Assistant Research Professor



Catherine McGuire, Director of Health Data Resources