

MAINE PRIMARY CARE ASSOCIATION LEGISLATIVE BRIEFING BOOK

REPRESENTING THE COLLECTIVE VOICES OF
MAINE'S COMMUNITY HEALTH CENTERS



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ABOUT MAINE PRIMARY CARE ASSOCIATION

Maine Primary Care Association (MPCA) is a non-profit membership organization representing the collective voices of Maine's 20 Community Health Centers (CHCs). This includes 19 federally qualified health centers (FQHCs) and 1 Look-Alike (LAL). Maine's CHCs provide high quality and equitable primary and preventive medical, behavioral, and dental health services for over 200,000 people (1 in 6 Maine people) at more than 70 service delivery sites across the state. Since its founding in 1981, MPCA has provided training and technical assistance (T/TA), housed relevant programs and services, and advocated tirelessly on behalf of Maine's healthcare safety net and the hundreds of thousands of people it serves each year. MPCA's work is geared toward helping health centers improve programmatic, clinical, and financial performance and operations, as well as develop strategies to recruit and retain health center staff.

In 2017, Maine Primary Care Association launched the first Primary Care Association-led—and Community Health Center-focused—Patient Safety Organization (PSO) in the country. Since then, MPCA and its 14 PSO member health centers are working to strengthen a culture of patient safety – deploying QI, systems improvement, data analysis, and health equity to drive positive outcomes for patients, providers, and communities throughout Maine.

In addition, MPCA also operates a Health Center Controlled Network (HCCN), the Community Health Center Network of Maine (CHCNet), which launched in 2005. Recognized as an important source of health information technology (HIT) value, CHCNet has expanded to include 16 participating community health centers. CHCNet has an overarching goal of advancing readiness for health center participation in value-based care models, which demand well-functioning HIT and data systems.

MPCA is also the administrative home for the Maine Immunization Coalition, a network of organizations throughout the state working to protect Maine people across their lifespan against vaccine-preventable diseases, by increasing immunization rates through information sharing, collaboration, and advocacy.

At its core, Primary Care Associations (PCAs) like MPCA create economies of scale for health centers, maximizing federal Section 330 investments in states, assessing and monitoring policy and regulatory changes, and assisting health centers in adapting to changing demands from an evolving health care environment. PCAs also facilitate collaboration between health centers and Medicaid directors, state health departments, and both state and federal lawmakers to inform them of the health center program and its value to patients, and to work with health centers on the best approaches to meet the varying needs of their constituents.

GETTING TO KNOW MAINE'S COMMUNITY HEALTH CENTERS



On any given morning in Maine, a health center waiting room is filling up. An older woman on Medicare, in need of a flu shot; a young family new in town looking for a provider that takes dad's insurance; a couple with no health coverage waiting for much needed care for their chronic conditions; or a young person, struggling with life's challenges and working hard to get back on track.

And on each one of those mornings, the nearly 2,000 staff at over 70 Community Health Center (CHC) service sites - spanning a vast network that reaches north to Fort Kent, south to Springvale, east to Lubec, and west to Rangeley—are there to greet, support, and provide comprehensive primary care (and many other services) to anyone who walks through the door, regardless of health insurance status or ability to pay.



CHCs are patient-driven, led by local governing Boards, and staffed by professionals dedicated to providing access to high quality health care for all Mainers. On behalf of the patients, volunteer board members, and staff, Maine Primary Care Association is pleased to share highlights about Maine's robust statewide network of Community Health Centers, which -- as the largest primary care network in Maine -- proudly cares for 1 in 6 Maine people.

Maine's Community Health Centers Are Experts at Providing High Quality, Equitable, Cost Effective, and Integrated Care:

- 162,050 patients receive medical care
- 39,687 patients receive dental care
- 15,402 patients receive behavioral health care, including treatment for substance use disorder
- 6,980 patients receive vision care

Community Health Centers in Maine Care for Vulnerable Populations Regardless of Health Insurance Status or Ability to Pay:

- 16% are older adults over the age of 70
- 63% are low income
- 6% are veterans
- 3% are people experiencing homelessness
- 6% are people that identify as ethnic or minority population



COMMUNITY HEALTH CENTERS: ADDED VALUE AND IMPACT

Maine's CHCs Are Vital to Building and Maintaining Healthy Communities:

CHCs are more than just a health home for Maine people; they are also economic engines and a vital factor in rural development—providing local jobs, spurring local spending, and supporting local health care access and availability — all of which are hallmarks of healthy communities. Maine CHCs provide nearly 2,200 direct health center jobs and support over 1,500 indirect jobs in their communities. Additionally, research consistently shows that the high-quality primary and preventative care provided by CHCs helps “avoid unnecessary high-cost care, including emergency room and hospital care, thus lowering total annual medical expenditures and contributing to efforts to the growth of health care expenditure.”¹

Robust communities and effective economic recovery and development require infrastructure. That infrastructure is often perceived as roads, bridges, and businesses. In reality, healthcare, education, and broadband are essential as well. Affordable and local health care is necessary for strong communities: communities dependent on tourism, mill workers, farmers, foresters, fishermen, or those working to attract new residents all need health care services readily available. Maine's network of CHCs is not only the safety net but also the fabric connecting people, communities, and the economy.

Foundational guidance within Governor Mills' [Economic Recovery Plan](#) identified access to healthcare and the health of Maine's people as fundamental to economic recovery:

“We must ensure Maine has a robust state, regional, and local public health and health care infrastructure to protect the health and safety of all Mainers and ensure access to preventive care and high-quality services.”

Further, the plan identified strengthening Maine's public health infrastructure as essential to the success of the economic plan:

“We must ensure that public health resources in each community are responsive, culturally appropriate, and meet the diverse needs of each region of our state. Along with building a stronger public health infrastructure to respond to emergencies, we need a proactive coordinated system to also promote the health of Maine people and prevent disease.”²

Maine's Community Health Centers encompass the access, prevention, and responsiveness outlined above. Not only do they provide tremendous value and impact to their patients, but they are key economic drivers supporting the health and well-being of the communities they serve.

¹ [The Value Proposition: Evidence of the Health and Economic Contributions of Community Health Centers](#)

² [Governor's Economic Recovery Committee: Recommendations to Sustain and Grow Maine's Economy - 11/24/20](#)

A Renewed Focus on Value-Based Payment & Care:

The ongoing public health emergency highlighted the inequities throughout the healthcare system as well as the critical need for reliably stable funding streams and flexibility in care delivery. With an eye toward leveraging two of the most challenging years imaginable, MPCA has been focused on building the future infrastructure for Maine’s CHC network, one that fully supports their unique and critical role in the care delivery system. Value-based programs reward health care providers with incentive payments for the quality of care they give to people with Medicare. It is a potential replacement for traditional fee-for-service reimbursement, which rewards quantity over quality.

The MPCA’s Value Based Pay Steering Committee has developed a [set of principles](#) that focus on what CHCs will—and do—offer in value for patients, providers, payers, and other stakeholders seeking to advance primary care and its impact on health outcomes. We are also focused on obtaining investments in the CHC capabilities needed to be successful in removing barriers to improve care efficiently and effectively.

Early conversations with the Office of MaineCare Services demonstrate a great deal of alignment around these principles and the state has shared an ambitious goal for development of a value-based payment model for CHCs to be launched in 2024. MPCA continues to work with our CHC network, MaineCare, CMS, and other stakeholders to ensure the effort moves forward with all the necessary considerations for our members, providers, communities, and patients across Maine.

Supporting the Health Center Workforce:

At the heart of each CHC is the staff that work every day to deliver innovative, high-quality care. Individuals at both the clinical and non-clinical levels understand the communities they serve and are dedicated to ensuring health care access. CHCs are also exceptional in their ability to effectively utilize non-physician staff, such as nurse practitioners, physician assistants, and community health workers, to provide care and control health center costs through a care team model.³

Unfortunately, CHCs have not been immune to staffing issues, due in part to both the COVID-19 pandemic and the resulting “Great Resignation.” According to a March 2022 nationwide survey from the National Association of Community Health Centers (NACHC), 68% of health centers reported losing 5 to 25% of their workforce in the previous six months.⁴ Maine’s 20 CHCs have long felt the impacts of primary care workforce shortages. For example, one of the state’s larger CHC organizations recently noted that a very rural site has experienced 80% staff turnover year over year and many of the CHC’s other rural sites are hovering at turnover rates around 50% or more. COVID has only worsened long-standing challenges to primary care recruitment and retention.

³ [ACP Team-Based Care Toolkit](#)

⁴ [NACHC: Current State of the Health Center Workforce](#)

From early 2020 to the present, the COVID-19 pandemic exacerbated longstanding staffing shortages and raised additional barriers to recruitment and retention of essential health care workers. Some commonly identified issues specific to Maine CHCs are increased retirements due to an aging workforce; difficulty hiring, recruiting, and retaining clinical staff; a dire need for more primary care physicians, RNs, and behavioral health clinicians (such as LCSWs); wage inflation and competition; and a lack of high-quality training that prepares clinical support staff for employment at a CHC. Furthermore, issues of inflation and competition have not been addressed in our sector even though providers have received direct state investment. MPCA has been focused on providing direct assistance with recruitment and retention, building pipelines for health center careers through engagement with high schools, colleges, and universities throughout the state, and long-term strategic planning for workforce development. Through a newly HRSA-funded initiative, the Maine Workforce Innovation Network, MPCA will work alongside participating CHCs and training partners to build and collaborate on training and employment pathways specifically focused on addressing the need for clinical support staff.

Responsibly Utilizing the 340B Federal Drug Discount Program:

The 340B Drug Pricing Program is an essential source of support for CHCs, allowing them to stretch federal resources and reinvest in patient care. The program allows health centers to purchase outpatient drugs at significantly reduced costs. CHCs are then required to pass the savings on to their patients through reduced drug prices and invest additional savings to expand access and improve health outcomes. Examples of what the 340B program allows CHCs to accomplish include setting up food pantries to support food insecure patients, provide care to those experiencing homelessness, integrate substance use disorder treatment, and fund critical positions beyond the clinical care team.

CHCs utilizing this program are currently facing unrelenting attacks on the program from pharmacy benefit managers (PBMs) and pharmaceutical manufacturers. As reported by NACHC, PBMs have “taken advantage of the lack of federal oversight on their participation in the 340B program. PBMs determine which pharmacies will be included in a prescription drug plan's network and how much said pharmacies will be paid for their services. The 340B statute does not protect health centers from PBMs’ discriminatory contracting practices, which transfers 340B savings away from the health center through unpredictable fees, restrictive contracting terms, and aggressive auditing tactics to lower reimbursement.” Additionally, “pharmaceutical manufacturers have launched an aggressive attack against 340B covered entities by refusing to ship 340B-priced medications to local pharmacies that expand the reach of health centers, known as contract pharmacies, unless they turned over claims data.”⁵

We believe that all CHCs should be able to participate in this program created by Congress to include safety net providers that needed additional resources to provide pharmacy services. When CHCs lose 340B savings, patients suffer. MPCA supports varied legislative efforts to implement solutions to address current issues and bolster protections to create a sustainable 340B program.

⁵ [NACHC: 340B: A Critical Program for Health Centers](#)

COVID-19 AND MAINE'S COMMUNITY HEALTH CENTERS

Central to the work of Maine's Community Health Centers since the beginning of 2020 has been responding to the COVID-19 pandemic. Health center workers throughout the state went above and beyond as they stood unwavering on the front lines every day, providing high quality, accessible patient care and demonstrating an extraordinary level of resiliency.

Throughout the COVID-19 pandemic, the true power of CHCs' ability to provide a safety net has been on full display. Given that health centers are in rural and/or underserved communities, CHCs distributed information, conducted testing, administered vaccinations, delivered treatment, and distributed personal protective equipment as well as other critical items to those who need it most. Increased substance use disorder services, an expansion of behavioral health services, and a pivot to telehealth together allowed CHCs to continue reaching the populations they serve.⁶

Additionally, CHCs continue to be a critical partner and work collaboratively with organizations across the state including Maine DHHS, Maine CDC, Maine Housing, Community Action Partnership (CAP) agencies, hospital systems, and other groups providing social services.

As one of the only health care provider networks that did not receive state funding during the pandemic, CHCs were still able to face the challenge of the moment by using patient-centered, innovative practices to meet the needs of their patients. This work included restructuring clinical operations and making telehealth services a top priority. Health centers also contributed to the statewide response efforts by providing tests and vaccines, helping patients understand insurance coverage, and reducing the burden on hospitals. In addition, Maine's CHCs have been key implementers of the Biden Administration's efforts to ensure equity in COVID-19 vaccine distribution and access.

CHCs remain focused on ensuring that access and health equity are central to the work done to support Maine communities. As we move forward together, Maine CHCs and MPCA will continue to demonstrate how critical the health center model is to a successful health care delivery system – both during a public health crisis and beyond. In fact, the CHC model is an emblem of how Maine should be thinking about primary care and payment delivery models moving into a post-pandemic, or with-pandemic, world.

⁶ [The Value Proposition: Evidence of the Health and Economic Contributions of Community Health Centers](#)

SERVICES AND PROGRAMS PROVIDED BY COMMUNITY HEALTH CENTERS

PRIMARY CARE

Audiology
Care Coordination & Management
Case Management
CHAMP Neonatal Abstinence Syndrome Pgrm.
Chiropractic
Clinical Support
Counseling
Diabetes Management & Education
Diagnostic Laboratory & Radiology Services
Dietitian & Nutrition
Digital X-rays & Radiology Services
DOT Physicals
Eligibility Assistance
Emergencies - During/After Hours
Emergency Shelter
Enabling Support Services
Environmental Health Services
Family Medicine & Medical Care
Family Planning
General Internal Medicine
Geriatric Memory Clinic
Geriatrics
Gynecological Services
Health Care for the Homeless (HCH)
HCH required Substance Abuse Services
Health Education
Housing - permanent & transitional
Immunizations
Integrated Medical/Mental Health
Key Clinic Regional Foster Care Pediatrics Pgrm.
Meals
Medical Specialists
Medication Mgmt. & Assisted Treatment - Suboxone
Men's & Women's Health
Minor Office Procedures
Nephrology
Obstetrical Care
Occupational Health
Optometry Services
Orthopedics
Osteopathic Manipulation Treatment & Therapy
Outreach
Palliative Care
Pediatric Care & Services
Pharmacy, Medication & Prescription Assistance

Physical Therapy
Podiatry Services
Preventive Screenings
Primary and Preventive Care
Referrals
Screenings
Sliding Scale Fee
Specialty Care
Speech
Substance Use Disorder Treatment
Support Services
Translation
Transportation
Vision Services
Voluntary Family Planning
Walk-In/Urgent Care
Well Child Services
Wellness Programs
Wrap-Around Services

DENTAL

Cleanings & Fluoride Treatments
Dental Hygiene Services & Sealants
Dental Implants, Crowns & Bridge Work
Dentures (full and partials)
Desensitizing
Extractions
Full Comprehensive Orthodontics
Examinations/Screening
Pediatric Dental Services
Preventive Dental
Prosthodontic Services
Restorations
Root Canals
Space Maintainers

BEHAVIORAL HEALTH

Adult Psychiatric Medication Management
Behavioral Health Counseling & Services
Community Support/Educational Resources/
Employment Programs
Integrated Behavioral Health
Psychiatry
Recovery

.....and so much more!

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MAINE'S COMMUNITY HEALTH CENTER QUALITY RECOGNITION AWARDS

Badges are awarded by the Health Resources and Services Administration and recognize CHCs that have made notable quality improvement achievements in the areas of access, quality, health equity, and health information technology for 2021 UDS reporting period.

- Health Center Quality Leaders:** 9 health centers
 Achieved the best overall clinical quality measure (CQM) performance among all health centers nationally and are awarded in the following tiers: Gold (top 10%), Silver (top 11-20%), or Bronze top (21-30%).
- National Quality Leaders - Diabetes:** 1 health center
 Recognized health centers that meet or exceed national benchmarks for CQMs that promote diabetes health.
- Access Enhancers:** 8 health centers
 Recognized health centers that increased the total number of patients served and the number of patients receiving comprehensive services.
- Health Disparities Reducers:** 6 health centers
 Recognized health centers made at least a 10% improvement for low birth weight, hypertension control, and/or uncontrolled diabetes CQMs across different racial/ethnic groups, while maintaining or improving the health center's overall CQM performance.
- Advancing Health Information Technology (HIT) for Quality:** 16 health centers
 Recognized health centers that optimized HIT services for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health to increase access to care and advance quality of care.
- Addressing Social Risk Factors to Health:** 5 health centers
 Recognizes health centers that are screening for social risk factors impacting patient health and are increasing access to enabling services
- COVID-19 Public Health Champion:** 4 health centers
 Recognizes the top 10% of health centers that provided COVID-19 vaccinations and/or COVID-19 diagnostic testing to the largest proportion of health center patients.
- Patient Centered Medical Home (PCMH) Recognition:** 16 health centers
 Recognizes health centers with PCMH recognition in one or more delivery sites.



HOW COMMUNITY HEALTH CENTERS ARE PAID

Community Health Centers are required to provide all patients with comprehensive services – from primary care to mental and behavioral health to dental care, as well as a host of other services that include transportation, translation, and case management services. They are further required to provide this care *without regard to a patient's ability to pay* – which is a mandate unlike any other primary care provider. In recognition of the critical role that health centers play and the significant value they deliver for Medicare, Medicaid and CHIP patients, and state programs, Congress created a specific payment methodology for community health centers, called the Prospective Payment System, or PPS. This payment system is crucial to the successful relationship between health centers, Medicaid, and Medicare, and to health centers' continued viability.

Health Centers (CHCs) are a singular type of Medicaid provider:

- CHCs are required to offer a full range of primary and preventive services, including dental, behavioral and vision services.
- Many services offered by CHCs are often not covered by Medicaid, such as case management, translation, transportation, and some dental and behavioral health services.
- Each CHC must be located in an underserved area and care for all, regardless of income or insurance status.
- By law and mission, no CHC can restrict how many Medicaid patients it treats, even if payment is insufficient.

Congress created CHC PPS to ensure predictability and stability for health centers while protecting other federal investments:

- Starting in 2001, PPS rates were calculated for each CHC, based on historical costs of providing comprehensive care to Medicaid patients, but these rates only cover expanded services if adequate adjustments are made by state Medicaid programs. Until passage of LD 1787 (*see next page*) in 2022, an adjustment to rates had not taken place in Maine in well over 20 years, since base PPS rates were established.
- CHC PPS ensures health centers are not forced to divert their Federal Section 330 grant funds, which support operations and care to the uninsured, to subsidize low Medicaid payments. In Maine, Section 330 funds account for approximately just 5-15% of a CHC's operating budget.

CHC PPS is a bundled payment that drives efficiency, but is not cost-based reimbursement:

- Rather than being paid fee-for-service, CHCs receive a single, bundled rate for each qualifying patient visit no matter the intensity of service(s) provided. The bundled encounter rate includes all services that are "in scope." If a health center provides a service that they did not add to their scope of practice with HRSA, they would bill fee-for-service. Unlike Rural Health Clinics (RHCs), for example, this rate does not include a facility fee on top of the bundled rate and health centers cannot charge for each service delivered during the encounter.
- Updates to PPS rates have not kept pace with inflation or with changes to the range of services CHCs provide – indeed on average, PPS only covers 80% of a CHCs' costs of

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caring for Medicaid patients. In Maine, 100% of Maine CHC Medicaid rates are less than actual costs/encounter (based on analysis conducted in early 2020.)

- In 2020, the MaineCare rate was below costs by 15-100%.

CHCs and PPS cost Medicaid little, and save much⁷:

- CHCs account for less than 2% of total Medicaid spending yet provide care to one in every six Medicaid beneficiaries nationally.
- CHC patients have 24% lower total health care costs than similar non-CHC patients do.

Current law offers states significant flexibility in how to pay CHCs:

- Instead of PPS, states may implement an Alternative Payment Methodology (APM) to reimburse CHCs, as long as each affected CHC agrees, and total reimbursement is not less than it would have been under PPS.
- More than 20 states currently use an APM to reimburse CHCs for services to Medicaid patients.
- States and Managed Care Organizations (MCOs) can - and currently do - incorporate CHCs into value-based payment arrangements, including those involving financial risk related to quality, outcomes, and cost.

Passage of LD 1787

During the 130th Legislative Session, [LD 1787](#) *An Act To Improve the Quality and Affordability of Primary Health Care Provided by Federally Qualified Health Centers* was passed and became law. This will allow CHCs to address payment issues by requiring the Maine Department of Health and Human Services to revise its payment calculations for primary care services. This effort is already underway, and we look forward to continuing to work with the Department in 2023 to ensure that this effort is successful.

⁷ [NACHC: Health Centers and Medicaid Fact Sheet](#)

STATE AND FEDERAL POLICY PRIORITIES

For over 40 years, MPCA has been an active participant in health policy and quality improvement initiatives that enhance access to affordable and high-quality health care for all. MPCA and its health center members are available to provide subject matter expertise and stories of Maine citizens impacted by the challenging health care issues of the day.

The CHC model provides a paradigm for how Maine should think about primary care delivery moving into a post-pandemic world. Health centers have built their care delivery standards around the notion that a true health home finds a way to address patients as the complex and whole human beings that they are. CHCs strive for health equity, while identifying ways to increase efficiency, improving quality of care, and seeking innovations in care delivery. CHCs are patient-driven, led by local boards, and staffed by professionals dedicated to providing access to high quality health care for all Mainers. CHCs are also an important factor in rural economic development; they provide local jobs, spur local spending, and support local health care access and availability - all of which are critical to hardy communities.

As a result, Maine's CHCs also work to find cross-sector opportunities to address these issues. This approach informs our 2023 state and federal policy priorities.

STATE POLICY INITIATIVES

- Continue expansive CHC education initiatives with key stakeholders.
- Expand MPCA representation on coalitions and committees throughout the state to add CHC perspective to the important work of systems change.
- Maintain leadership on state level care and payment transformation and re-design efforts.
- Direct and inform state action on primary care investment and system improvements.
- Support efforts to address Maine's growing behavioral health crisis.
- Advocate for 340B protections for CHCs through legislative action.
- Advance research and legislation to create a statewide strategy to build the primary care workforce through recruitment and retention programs.
- Support equity and access in primary care.
- Lead efforts to ensure that social determinants of health (SDoH) are taken into consideration in the development of new policies and legislation throughout the state.

FEDERAL POLICY INITIATIVES

- Support increases to primary care and public health investment.
- Support research and legislation to benefit the primary care workforce.
- Advocate for 340B protections for CHCs through legislative action.
- Monitor the end of the public health emergency (PHE) and advocate for issues that will directly impact CHCs, including the potential loss of Medicaid coverage and telehealth reimbursement (i.e., ensuring that CHCs are permanently permitted to act as a distant site [telehealth] for Medicare.)
- Support efforts to preserve and expand the Affordable Care Act where necessary.

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- Explore possible federal exemptions for CHCs / RHCs from Good Faith Estimate requirements of the No Surprises Act.
- Advocate for the expansion of licensure / billable providers and visit types to provide access to comprehensive health care (i.e., behavioral health group services, additional billable providers like LCPC in Medicare.)

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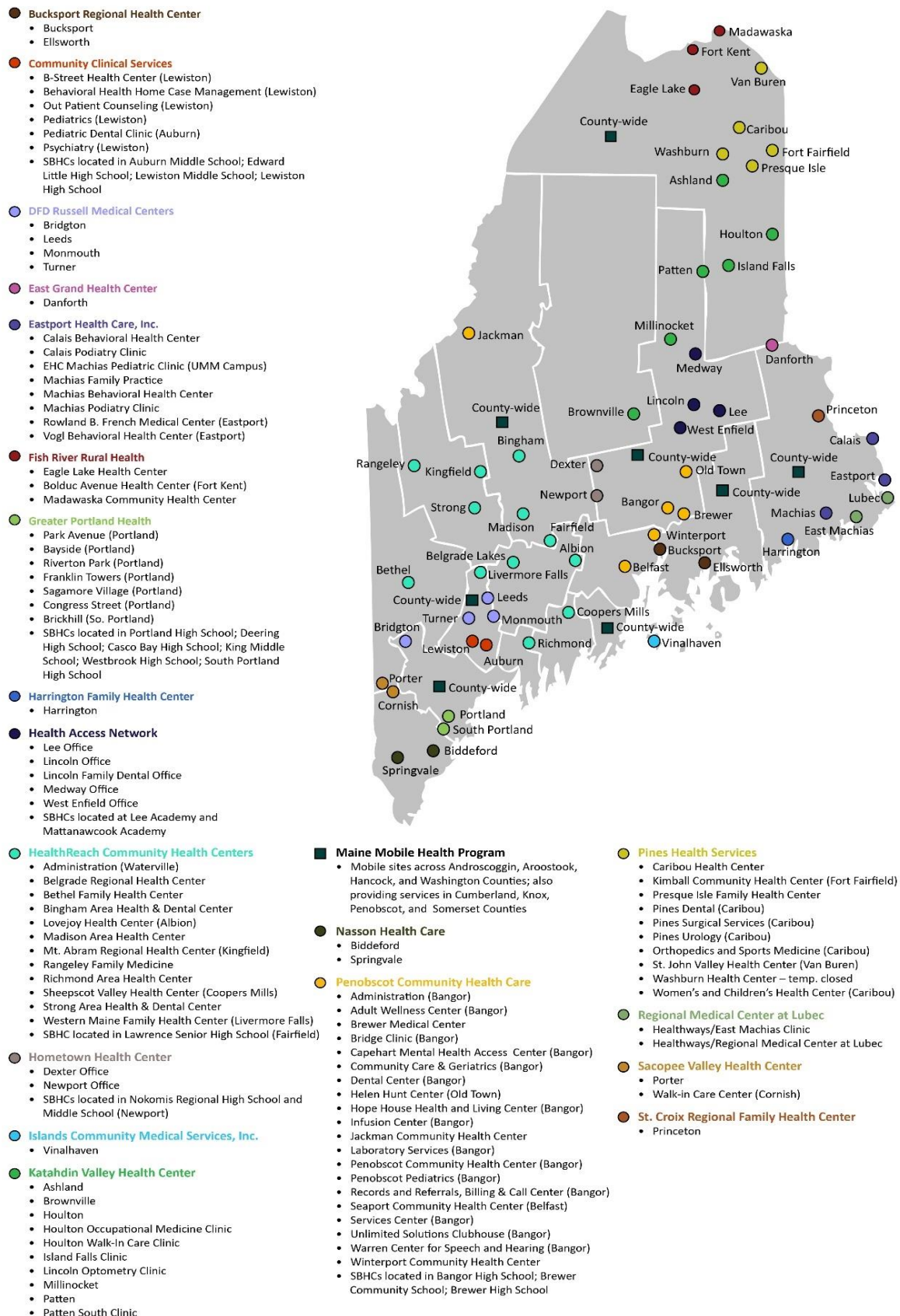
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COMMUNITY HEALTH CENTER LOCATIONS


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COMMUNITY HEALTH CENTERS BY COUNTIES

Aroostook

[Fish River Rural Health](#)
[Katahdin Valley Health Center](#)
[Maine Mobile Health Program](#)
[Pines Health Services](#)

Androscoggin

[Community Clinical Services](#)
[DFD Russell Medical Centers](#)
[HealthReach Community Health Ctrs.](#)
[Maine Mobile Health Program](#)

Cumberland

[DFD Russell Medical Centers](#)
[Greater Portland Health](#)
[Maine Mobile Health Program](#)

Franklin

[HealthReach Community Health Ctrs.](#)

Hancock

[Bucksport Regional Health Center](#)
[Maine Mobile Health Program](#)
[Penobscot Community Health Care](#)

Lincoln

[HealthReach Community Health Ctrs.](#)

Kennebec

[DFD Russell Medical Centers](#)
[HealthReach Community Health Ctrs.](#)

Knox

[Islands Community Medical Services](#)
[Maine Mobile Health Program](#)

Oxford

[Sacopec Valley Health Center](#)
[HealthReach Community Health Ctrs.](#)

Penobscot

[Health Access Network](#)
[Hometown Health Care](#)
[Katahdin Valley Health Center](#)
[Maine Mobile Health Program](#)
[Penobscot Community Health Care](#)

Piscataquis

[Katahdin Valley Health Center](#)

Sagadahoc County

[HealthReach Community Health Ctrs.](#)

Somerset

[HealthReach Community Health Ctrs.](#)
[Maine Mobile Health Program](#)
[Penobscot Community Health Care](#)

Waldo

[Penobscot Community Health Care](#)

Washington

[East Grand Health Center](#)
[Eastport Health Care](#)
[Harrington Family Health Center](#)
[Maine Mobile Health Program](#)
[Regional Medical Center at Lubec](#)
[St. Croix Regional Family Health Ctr.](#)

York

[Nasson Health Care](#)
[Sacopec Valley Health Center](#)

MAINE'S COMMUNITY HEALTH CENTERS



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