

September 25, 2024

Ms. Meg Garratt-Reed  
Executive Director  
Office of Affordable Health Care  
Augusta, Maine

**Re: Office of Affordable Health Care 2024 Public Hearing**

Dear Ms. Garratt-Reed,

[Maine Primary Care Association \(MPCA\)](#) is a non-profit membership organization representing the collective voices of Maine’s Federally Qualified Health Centers (FQHCs) also known as Community Health Centers (CHCs), which provide high-quality and equitable primary and preventive medical, behavioral, and dental health services for 1 in 6 Maine people at over 80 service sites across the state. MPCA’s mission is to champion and maximize the value of Maine’s FQHCs for the health and well-being of all Maine people.

For more than 40 years, MPCA has provided technical assistance and training, housed relevant programs and services, and advocated on behalf of Maine’s health centers and the hundreds of thousands of patients they serve each year. MPCA welcomes the opportunity to provide comments to the Office of Affordable Health Care (OAHC) and we hope that the insights provided below will assist in informing the work of your office.

Maine’s FQHCs make up the largest independent primary care network in the state. They are nonprofit, patient-governed organizations that provide comprehensive primary healthcare regardless of a patient’s insurance status or ability to pay. FQHCs are a provider of choice for community members and the health care safety net in Maine. Patients served by FQHCs include some of the state’s most vulnerable individuals. As the National Association of Community Health Centers (NACHC) underscored in an early 2023 report, “the community health center program presents an opportunity to address critical public health vulnerabilities that result from a lack of primary care services.”<sup>1</sup> The innovative and inclusive approach that FQHCs take to providing primary care services is a tremendously effective —and proven— model of care.<sup>2</sup>

Studies routinely show that investing in primary care is proven to lead to increased high-quality and equitable care, while lowering overall health system costs.<sup>3 4</sup> However, while primary care accounts for 35% of healthcare visits nationwide, it receives only about 5% to 7% of total healthcare expenditures.<sup>5</sup> The Primary Care Collaborative’s Maine Fact Sheet for 2024 shows that people in our state are struggling to access high-quality, comprehensive primary care.<sup>6</sup> Of note, the fact sheet highlights that “46.3% of

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<sup>1</sup> [Closing the Primary Care Gap](#), National Association of Community Health Centers, February 2023

<sup>2</sup> <https://www.nachc.org/community-health-centers/what-is-a-health-center/>

<sup>3</sup> <https://thepcc.org/policy/state-investment-hub/>

<sup>4</sup> <https://www.commonwealthfund.org/blog/2024/increasing-investment-primary-care-lessons-states>

<sup>5</sup> [https://www.healthcarediver.com/news/no-appointments-available-americas-escalating-primary-care-shortage/712049/?utm\\_source=Twitter&utm\\_medium=social&utm\\_campaign=Primary-Care-Collaborative](https://www.healthcarediver.com/news/no-appointments-available-americas-escalating-primary-care-shortage/712049/?utm_source=Twitter&utm_medium=social&utm_campaign=Primary-Care-Collaborative)

<sup>6</sup> <https://thepcc.org/wp-content/uploads/2024/09/50-State-Fact-Sheet-Maine.pdf>

children in Maine do not have a medical home” and “only 3.2% of Maine health care spending for people over 65 is attributed to primary care, which is lower than the national average of 5.3%.”<sup>7</sup>

Maine has several characteristics that contribute significantly to the barriers consumers face when attempting to access necessary health care, including rurality, low wages, language barriers, lack of internet connectivity, lack of transportation, and the overall high costs of essential goods (food, heating, housing, etc.). The FQHC model of primary care includes a foundational understanding of these and many more social drivers of health and care teams work to address these barriers for patients. The FQHC workforce is essential, but a lack of robust primary care investment contributes to the workforce shortages that we see in our state and across the country.<sup>8</sup>

Increased access to and use of primary care can significantly impact the Office of Affordable Health Care’s key goals, including increasing patient and consumer experience satisfaction, and improving the overall efficiency and quality of care in the system. We encourage the OAHC to prioritize policies that increase primary care funding in our state. As we shared in our 2023 comments, the National Academies of Science, Engineering and Math (NASEM) “Implementing High-Quality Primary Care” report provides guidance in terms of where to make investments that are supported by sound policy.<sup>9</sup> MPCA continues to support the NASEM recommendations. A synopsis of their key recommendations is as follows:

- *Macro Level.* Create policies that support the following: new health centers, community-based training and GME payment for medical and dental providers, community-oriented models of care, and progress in tracking primary care performance through a “scorecard.” The report suggests that these actions be taken at the federal level, but they can also be implemented at the state level to varying degrees.
- *Meso Level.* Create policies in state government that: 1) push payment reform to advance primary care; 2) publicly report on Medicaid standards, 3) incentivize team-based care, 4) increase training options and loan repayment programs for primary care workforce, and generally look for ways to bolster the primary care system that is already in place. An example of “bolstering” primary care would be to look for policies that eliminate administrative barriers to care for both providers and patients, such as prior authorization or administrative blocks that exist within both the private and public insurer systems.
- *Micro Level.* Develop policies that enable primary care providers to have flexibility within a system in terms of payment and care delivery. Develop state level policies in support of programs to train nonclinical team members, such as families and communities, to be part of care teams as Medicare has proposed in the CY 2024 PFS Rule.<sup>10</sup> To emphasize the importance of primary care and its impact on cost and outcomes, the state could also consider a marketing campaign that encourages Maine people to establish primary care.

The NASEM report has some very important and concrete suggestions that could be catalyzed by the State engaging in dialogue with federal entities such as the U.S. Department of Health and Human

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<sup>7</sup> <https://www.commonwealthfund.org/datacenter>

<sup>8</sup> <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/physicians-projections-factsheet-10-23.pdf>

<sup>9</sup> [Implementing High-Quality Primary Care](#), National Academies of Sciences, Engineering, and Medicine. 2021.

<sup>10</sup> [CMS Proposed Rule, CY 2024 Physician Fee Schedule](#)

Services (US DHHS), Health Resources and Services Administration (HRSA), Centers of Medicare & Medicaid Services (CMS), commercial payers, and others.

We applaud the work that your office is doing to reduce costs for consumers and improve their experience with the health system. We are also encouraged by the steps the State is taking to better address and strengthen primary care in Maine.

Thank you for your consideration of these comments. Please contact me if we can provide additional information or assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Hannah Hudson".

Hannah Hudson, MA  
Director of Policy  
Maine Primary Care Association  
[hhudson@mepca.org](mailto:hhudson@mepca.org)