

**Testimony of Gordon H. Smith, Esq.,
Executive Vice President, Maine Medical Association
in support of L.D. 1205, An Act to Establish a Health Care Bill of Rights
April 13, 2009**

Senator Bowman, Representative Treat and members of the Committee on Insurance and Financial Services. I am Gordon Smith, Executive Vice President of the Maine Medical Association, which represents over three thousand physicians, medical students and residents in the state.

The mission of the Association, which dates back to 1853, is “to support Maine physicians, advance the quality of medicine in Maine and promote the health of all Maine citizens.” Our support of L.D. 1205, we believe, is consistent with all three aspects of our mission statement.

When asked recently in a survey of all our members (news release attached), to select the top three issues members believed were of the greatest concern to the future of American medicine and patient care, respondents overwhelmingly selected expanding care to the uninsured as the top choice. We believe that L.D. 1205 and the bills you are hearing tomorrow have the potential to impact favorably on health insurance availability, understanding, and cost.

As other speakers have covered and will continue to focus on other sections of the bill, I want to conclude my testimony by reviewing the provisions concerning “Provider profiling.” Part B of the bill defines a “provider profiling program” as, “a program that uses provider data in order to rate or rank provider quality or efficiency of care by the use of a grade, star, tier, rating or other form of designation.”

Let me make clear at the outset of this discussion, that the Maine Medical Association does not oppose the concept of “grading” or “rating” physicians. In fact, we embrace transparency as one of the hallmarks for a health care system centered around the needs of patients. But when physicians are rated, it is critically important that the data upon which the program is based is accurate, timely, and fair. The provisions of this bill set forth the ground rules for such health plan activity, including disclosure of the criteria and the ability to correct errors and to appeal under the provision of Chapter 850.

I would be happy to go into the detail of our experience with tiered networks with Aetna, Cigna, and Anthem (actually a pay-for-performance program) now or at the work session.

Thank you for the opportunity to testify and I would be happy to answer any questions you may have.