

Maine Medical Association

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May 4, 2017

The Honorable Rodney Whittmore, Senate Chair
The Honorable Mark Lawrence, House Chair
Joint Standing Committee on Insurance & Financial Services
Room 220, Cross State Office Building
Augusta, Maine 04330

**RE: L.D. 1274, AN ACT TO PROMOTE UNIVERSAL HEALTH CARE, INCLUDING
DENTAL, VISION AND HEARING CARE**

Dear Senator Whittmore, Representative Lawrence, and Members of the Joint
Standing Committee on Insurance & Financial Services:

I have obligations in several committees this afternoon and you will have many members of the public who will want to speak on L.D. 1274, so I am submitting this letter with attachments to represent the MMA's "neither for nor against" position on the bill. The physician community is divided on the "right" approach to health care reform in the United States and the MMA's recent policy development work in this area reflects that divide. Despite their differing personal opinions, physicians are interested and engaged in our continuing discussions about health care reform at the local, state, and national levels.

I would like to thank Representative Brooks, Senator Gratwick, and the other co-sponsors of L.D. 1274 for their willingness to address the difficult topic of health care reform and to pursue the goal of affordable, quality health care for all Maine people. I also acknowledge the passion and commitment of the physician members of *Maine AllCare*, many of whom will participate in today's hearing.

During the Summer and Fall of 2016, the MMA Board of Directors convened an ad hoc committee of about a dozen physicians to review and update the MMA's policy on health care reform. The ad hoc committee membership was balanced by gender, age, geography, medical specialty, practice setting, and personal opinions about health care reform. The ad hoc committee early in its work determined that it lacked consensus to

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endorse any specific model of health care reform, but decided to focus its efforts on a “preamble” and a series of principles about which the majority of MMA members could agree. The ad hoc committee produced a *Statement on Reform of the U.S. Health Care System* which was approved by the MMA Board of Directors on January 18, 2017 (enclosed). The MMA House of Delegates adopted Resolution #8, *Health Insurance Coverage* at its Annual Session on September 14, 2002 (enclosed). These two documents are the MMA’s current, standing policy statements on health care reform.

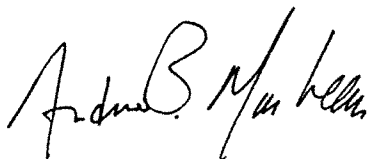
As further background, I have enclosed one relevant policy statement from the American Medical Association (AMA): House of Delegates Resolution 165.888, *Evaluating Health System Reform Proposals*.

MMA members’ views of a single payer, “Medicare for All” approach to health care reform have evolved since the 2002 Resolution with an increasing percentage favoring a single payer approach the more they witness the deficits and frustrations of the current system in their daily work. We have surveyed MMA members on health care reform three times since 2008 as follows:

- **When considering the topic of health care reform, would you prefer:**
 - To make improvements to the current public/private system; or
 - A single-payer system such as a “Medicare for all” approach?
- **The results are:**
 - **2008: current system (47.7%), single-payer system (52.3%)**
 - **2014: current system (35.7%), single-payer system (64.3%)**
 - **2017: current system (26.83%), single-payer system (63.16%)**
- **Professional pollsters conducted the 2008 and 2014 polls while the MMA staff conducted the 2017 poll in-house using SurveyMonkey.**

Thank you for considering the MMA’s perspective on L.D. 1274 and the topic of health care reform. I will be available for further discussions about the physician perspective on health care reform at the work session or at your convenience.

Sincerely,



Andrew B. MacLean

Enclosures

Maine Medical Association Statement on Reform of the U.S. Health Care System

The Maine Medical Association (MMA) is a professional organization founded in 1853 and headquartered in Manchester, Maine representing more than 3900 physicians, residents, and medical students whose mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.

The MMA believes that the current U.S. health care system continues to produce some of the world's most eminent clinicians and health care facilities who together provide some of the most advanced medical care in the world. But, it does not provide basic health care as well as many other developed countries and, therefore, is not serving our country or its people as well as it should. We face the problems with our current health care system in our daily encounters with patients. We believe that the United States can and must do better in providing health care to its people.

Our objective should be to achieve basic health care for every resident of Maine.

We support the "Quadruple Aim," a framework developed by the Institute for Healthcare Improvement describing an approach to optimizing the performance of our health care system. These core values are:

1. Improving the patient experience of care, including quality and satisfaction;
2. Improving the health of populations;
3. Reducing the per capita cost of health care; and
4. Improving the health and work life of health care clinicians and staff members.

Our health care system should strive to incorporate the following principles:

The Physician-Patient Relationship

1. Provide health care that is patient-centric and physician-directed.
2. Put the patient first and protect the sanctity of the physician-patient relationship, particularly respecting the physician's autonomy as advocate for the patient.
3. Promote the maximum possible choice in patients' selection of physicians.

Structure of the Health Care System

4. Support a strong and vital public health infrastructure that can collaborate fully with physicians and the health care system to advance population health.

Adopted by the Maine Medical Association Board of Directors on Wednesday, January 18, 2017

5. Emphasize prevention and provide systemic support for healthier lifestyles, through incentives for identified health risk avoidance.
6. Stress pooling of clinical risk rather than medical underwriting.
7. Be efficient and have the ability to restrain rising health care costs at a system-wide level in the least intrusive way possible.
8. Have the ability to integrate and coordinate services in order to reduce fragmentation and the division of medical care into “silos.”
9. Improve quality and minimize errors by relying upon evidence-based medicine, benchmarking, and outcome measures driven by clinicians and administrators working together.
10. Promote transparency of health care cost, quality, and outcome data.
11. Reduce the burden of administration to the greatest extent possible and include a billing system that is streamlined and consistent, as well as a payment system that is prompt and outcomes oriented.
12. Make health information technology (HIT), including electronic medical records (EMRs), more user friendly and more focused on clinical matters, rather than financial matters, and completely interoperable in order to facilitate rather than impede communication and work flow among clinicians, patients, and health care facilities.
13. Include a rational means of resolving medical liability disputes in order to restrain defensive medicine.

Public Support for the Health Care System

14. Be politically sustainable by including everyone as a participant and, therefore, a stakeholder in supporting it.
15. Be simple and fair, such that every participant can understand it and perceive that its financing burden and benefits are distributed fairly.

Health Care

Evaluating Health System Reform Proposals H-165.888

Topic: Health Care **Policy Subtopic:** System Reform

Meeting Type: Annual **Year Last Modified:** 2012

Action: Reaffirmed in lieu of **Type:** Health Policies

Council & Committees: NA

1. Our AMA will continue its efforts to ensure that health system reform proposals adhere to the following principles:

A. Physicians maintain primary ethical responsibility to advocate for their patients' interests and needs.

B. Unfair concentration of market power of payers is detrimental to patients and physicians, if patient freedom of choice or physician ability to select mode of practice is limited or denied. Single-payer systems clearly fall within such a definition and, consequently, should continue to be opposed by the AMA. Reform proposals should balance fairly the market power between payers and physicians or be opposed.

C. All health system reform proposals should include a valid estimate of implementation cost, based on all health care expenditures to be included in the reform; and supports the concept that all health system reform proposals should identify specifically what means of funding (including employer-mandated funding, general taxation, payroll or value-added taxation) will be used to pay for the reform proposal and what the impact will be.

D. All physicians participating in managed care plans and medical delivery systems must be able without threat of punitive action to comment on and present their positions on the plan's policies and procedures for medical review, quality assurance, grievance procedures, credentialing criteria, and other financial and administrative matters, including physician representation on the governing board and key committees of the plan.

E. Any national legislation for health system reform should include sufficient and continuing financial support for inner-city and rural hospitals, community health centers, clinics, special programs for special populations and other essential public health facilities that serve underserved populations that otherwise lack the financial means to pay for their health care.

F. Health system reform proposals and ultimate legislation should result in adequate resources to enable medical schools and residency programs to produce an adequate supply and appropriate generalist/specialist mix of physicians to deliver patient care in a reformed health care system.

G. All civilian federal government employees, including Congress and the Administration, should be covered by any health care delivery system passed by Congress and signed by the President.

H. True health reform is impossible without true tort reform.

2. Our AMA supports health care reform that meets the needs of all Americans including people with injuries, congenital or acquired disabilities, and chronic conditions, and as such values function and its improvement as key outcomes to be specifically included in national health care reform legislation.
3. Our AMA supports health care reform that meets the needs of all Americans including people with mental illness and substance use / addiction disorders and will advocate for the inclusion of full parity for the treatment of mental illness and substance use / addiction disorders in all national health care reform legislation.
4. Our AMA supports health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients.

Policy Timeline

Res. 118, I-91 Res. 102, I-92 BOT Rep. NN, I-92 BOT Rep. S, A-93 Reaffirmed: Res. 135, A-93 Reaffirmed: BOT Reps. 25 and 40, I-93 Reaffirmed in lieu of Res. 714, I-93 Res. 130, I-93 Res. 316, I-93 Sub. Res. 718, I-93 Reaffirmed: CMS Rep. 5, I-93 Res. 124, A-94 Reaffirmed by BOT Rep. 1- I-94 CEJA Rep. 3, A-95 Reaffirmed: BOT Rep. 34, I-95 Reaffirmation A-00 Reaffirmation A-01 Reaffirmed: CMS Rep. 10, A-03 Reaffirmed: CME Rep. 2, A-03 Reaffirmed and Modified: CMS Rep. 5, A-04 Reaffirmed with change in title: CEJA Rep. 2, A-05 Consolidated: CMS Rep. 7, I-05 Reaffirmation I-07 Reaffirmed in lieu of Res. 113, A-08 Reaffirmation A-09 Res. 101, A-09 Sub. Res. 110, A-09 Res. 123, A-09 Reaffirmed in lieu of Res. 120, A-12