



Karen Saylor, MD, President | Jeffrey S. Barkin, MD, President-Elect | Erik N. Steele, DO, FAAFP, Chair, Board of Directors
Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

TO: The Honorable Heather Sanborn, Chair
The Honorable Denise Tepler, Chair
Members, Joint Standing Committee Health Coverage, Insurance, & Financial Services

FM: Dan Morin, Director of Communications and Government Affairs

DATE: January 26, 2021

RE: **Neither for Nor Against**
LD 5—An Act Concerning the Reporting of Health Care Information or Records to the
Emergency Medical Services' Board

The MMA is a professional organization representing more than 4300 physicians, residents, and medical students in Maine whose mission is to support Maine physicians, advance the quality of medicine in Maine and promote the health of all Maine citizens.

LD 5 would require hospitals and physician practices to report health care information or records concerning individuals who have received emergency medical treatment within the state for the purpose of monitoring and improving the provision of emergency medical services and health outcomes. The information would consist of records that identify or permit identification of any patient, concerning an individual under or formerly under that physician's care who received emergency medical treatment.

A hospital or physician practice that participates in a state-designated statewide health information exchange may satisfy the board's request for health care information by authorizing the board to retrieve that hospital's or physician's data from the health information exchange. It is important to note that not all physician practices participate in such a health information exchange. Therefore, we are concerned with the costs and administrative burden placed that may be placed on smaller independent physician offices under the bill presented.

It is no surprise to MMA that physicians consistently choose paperwork and administrative burdens as the top issue of concern in medicine. This is especially true with independent practices (those unaffiliated with hospitals or hospital systems) that do not employ large back office support staff.

One example is prior authorization (PA). Although a separate issue from the bill before you, it has been a familiar topic during recent sessions. A 2019 survey on PA by the American Medical Association detailed how practices responding to the survey reported processing an average 31 PAs a week with the accompanying workload consuming 14.9 hours—nearly two business days—of physician and staff time. Additionally, 36 percent reported that their practice has staff who work exclusively on PA.

The coronavirus pandemic has also harshly hit the pressure points of smaller community medical practices, including some challenges that no one knew existed. It has forced practices to adapt and reimagine how and where to deliver care in a matter of months. This transformation, and the speed at which it has occurred, has had a profound impact on independent medical groups, many of whom were already struggling to keep pace with economic drivers, growing regulatory risks, and the increasing administrative burden of running a medical practice. The pandemic has added the uncertainty of declining appointment volumes, extreme loss of revenue from delayed care or cancelled appointments, challenges securing adequate PPE and more.

There is no magic solution for eliminating paperwork or the time and cost of administrative burdens. However, there are some ways the Committee can ease those burdens by providing an exception for medical practices who are not part of the state-designated statewide health information exchange if it chooses to report LD 5 favorably.

For the above-mentioned reasons, the Maine Medical Association is neither for nor against LD 5 in its current form. Thank you for the opportunity to present our comments.