

§6951. Maine Quality Forum**(CONTAINS TEXT WITH VARYING EFFECTIVE DATES)**

The Maine Quality Forum, referred to in this subchapter as "the forum," is established within Dirigo Health. The forum is governed by the board with advice from the Maine Quality Forum Advisory Council pursuant to section 6952. The forum must be funded, at least in part, through the savings offset payments made pursuant to former section 6913 and the access payment pursuant to section 6917. Except as provided in section 6907, subsection 2, information obtained by the forum is a public record as provided by Title 1, chapter 13, subchapter 1. The forum shall perform the following duties. [PL 2009, c. 359, §5 (AMD); PL 2009, c. 359, §8 (AFF).]

1. Research dissemination. The forum shall collect and disseminate research regarding health care quality, evidence-based medicine and patient safety to promote best practices. [PL 2003, c. 469, Pt. A, §8 (NEW).]

2. Quality and performance measures. The forum shall adopt a set of measures to evaluate and compare health care quality and provider performance. The measures must be adopted with guidance from the advisory council pursuant to section 6952. The quality measures adopted by the forum must be the basis for the rules for the collection of quality data adopted by the Maine Health Data Organization pursuant to Title 22, section 8708-A. [PL 2003, c. 469, Pt. A, §8 (NEW).]

3. Data coordination. The forum shall coordinate the collection of health care quality data in the State. The forum shall work with the Maine Health Data Organization and other entities that collect health care data to minimize duplication and to minimize the burden on providers of data. [PL 2003, c. 469, Pt. A, §8 (NEW).]

4. Reporting. The forum shall work collaboratively with the Maine Health Data Organization, health care providers, health insurance carriers and others to report in useable formats comparative health care quality information to consumers, purchasers, providers, insurers and policy makers. The forum shall produce annual quality reports in conjunction with the Maine Health Data Organization pursuant to Title 22, section 8712. No later than September 1, 2010, the forum shall make provider-specific information regarding quality of services available on its publicly accessible website. [PL 2009, c. 350, Pt. A, §2 (AMD).]

5. Consumer education. The forum shall conduct education campaigns to help health care consumers make informed decisions and engage in healthy lifestyles. [PL 2003, c. 469, Pt. A, §8 (NEW).]

6. Technology assessment. The forum shall conduct technology assessment reviews to guide the use and distribution of new technologies in this State. The forum shall make recommendations to the certificate of need program under Title 22, chapter 103-A. [PL 2003, c. 469, Pt. A, §8 (NEW).]

7. Electronic data. The forum shall encourage the adoption of electronic technology and assist health care practitioners to implement electronic systems for medical records and submission of claims. The assistance may include, but is not limited to, practitioner education, identification or establishment of low-interest financing options for hardware and software and system implementation support. [PL 2003, c. 469, Pt. A, §8 (NEW).]

8. State health plan.
[PL 2011, c. 90, Pt. J, §23 (RP).]

9. Annual report. The forum shall make an annual report to the public. The forum shall provide the report to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs, health and human services matters and insurance and financial services matters.

[PL 2003, c. 469, Pt. A, §8 (NEW).]

10. Health care provider-specific data. The forum shall submit to the Legislature, by January 30th each year beginning in 2009, a health care provider-specific performance report. The report must be based on health care quality data, including health care-associated infection quality data, that is submitted by providers to the Maine Health Data Organization pursuant to Title 22, section 8708-A. The forum and the Maine Center for Disease Control and Prevention shall make the report available to the citizens of the State through a variety of means, including, but not limited to, the forum's publicly accessible website and the distribution of written reports and publications.

[PL 2007, c. 594, §1 (NEW).]

11. Infection prevention activities. The forum and the Maine Center for Disease Control and Prevention shall, by January 30th of each year beginning in 2009, report to the joint standing committee of the Legislature having jurisdiction over health and human services matters on statewide collaborative efforts with health care infection control professionals in the State to control or prevent health care-associated infections.

[PL 2007, c. 594, §2 (NEW).]

12. Primary care reporting.

[PL 2025, c. 218, §1 (RP).]

12-A. (TEXT EFFECTIVE UNTIL 1/15/31) (TEXT REPEALED 1/15/31) Primary care reporting. Beginning January 15, 2026 and annually thereafter, the forum shall submit to the Department of Health and Human Services and the joint standing committees of the Legislature having jurisdiction over health and human services matters and health coverage and health insurance matters a report on at least one of the following key measures reflecting the status of primary care in the State:

A. Annual primary care expenditures as a percentage of overall health care spending and investment; [PL 2025, c. 218, §2 (NEW).]

B. Annual utilization of primary care services as a percentage of overall utilization of health care services; [PL 2025, c. 218, §2 (NEW).]

C. The capacity of the primary care provider workforce to care for all residents of the State; [PL 2025, c. 218, §2 (NEW).]

D. The ability of residents of the State to have timely access to primary care services; and [PL 2025, c. 218, §2 (NEW).]

E. The overall health of residents of the State using metrics that reflect the use of preventive and screening services. [PL 2025, c. 218, §2 (NEW).]

This subsection is repealed January 15, 2031.

[PL 2025, c. 218, §2 (NEW).]

13. Behavioral health care reporting. Beginning January 15, 2023 and annually thereafter, the forum shall submit to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters a report on behavioral health care spending using claims data from the Maine Health Data Organization and information on the methods used to reimburse behavioral health care providers requested annually from payors. As used in this subsection, "payor" has the same meaning as in Title 22, section 8702, subsection 8. The report must include:

A. Of their respective total medical expenditures, the percentage paid for behavioral health care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust and the average percentage of total medical expenditures paid for behavioral health care across all payors; [PL 2021, c. 603, Pt. A, §2 (NEW).]

B. The total behavioral health care-related nonclaims-based payments and associated member months; [PL 2021, c. 603, Pt. A, §2 (NEW).]

C. The total payments associated with substance use disorder services that are redacted from the payor's claims data submissions to the Maine Health Data Organization as required under 42 Code of Federal Regulations, Part 2, the methods used to redact the substance use disorder claims, the specific code lists that are used for procedure codes, revenue codes and diagnosis codes, provider types and any other detail on the claim that is required to select the substance use disorder redacted claim; and [PL 2021, c. 603, Pt. A, §2 (NEW).]

D. The methods used by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust to pay for behavioral health care. [PL 2021, c. 603, Pt. A, §2 (NEW).]

Within 60 days of a request from the Maine Health Data Organization, a payor shall provide the supplemental datasets specific to payments for behavioral health care services necessary to provide the information required in paragraphs B and C. In its request to a payor, the organization shall specify the time period for which the data is requested and define the datasets requested to ensure uniformity in the data submitted by payors.

[PL 2021, c. 603, Pt. A, §2 (NEW).]

14. (TEXT EFFECTIVE UNTIL 1/15/31) (TEXT REPEALED 1/15/31) Primary Care Advisory Council. The Primary Care Advisory Council, referred to in this subsection as "the advisory council," is established. The forum shall convene and staff the council.

For purposes of this subsection, "primary care" means physicians, nurse practitioners and physician associates practicing in family medicine, general pediatric medicine, general internal medicine, obstetrics and gynecology and geriatric medicine.

A. The advisory council shall identify specific actions required to create a sustainable high-functioning primary care system in the State. The advisory council shall, at a minimum:

- (1) Assess the overall status of primary care in the State using available data, including, but not limited to, timely access to primary care services, utilization of services, quality of care, equity and the adequacy and sustainability of the State's primary care workforce;
- (2) Identify gaps in the status of primary care in the State and potential approaches to address those gaps; and
- (3) Make recommendations for specific policy changes to address identified gaps that will:
 - (a) Ensure sufficient investment in primary care services that will result in better health for residents of the State and lower overall health expenditures;
 - (b) Ensure a sufficient number and geographic distribution of primary care providers so that each resident of the State has a primary care provider near that resident's home, with a focus on ensuring equity in all counties;
 - (c) Ensure a resident's ability to access services from a primary care provider in a timely manner; and
 - (d) Improve the health of residents by ensuring adequate access to preventive and screening services.

Beginning January 15, 2026 and annually thereafter, the advisory council shall submit a report detailing its activities and recommendations under this paragraph to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters. [PL 2025, c. 218, §3 (NEW).]

B. The advisory council consists of the following 18 members:

(1) Seven members representing primary care providers licensed in the State, appointed by the board of directors of the Maine Health Data Organization established under Title 22, section 8703. At least 3 members must be actively practicing primary care clinicians, working at least 20 or more clinical hours per week, and at least one member must be a nurse practitioner or physician associate. Appointments under this subparagraph must be made as follows:

- (a) One member must be appointed from nominations provided by a statewide association of physicians;
- (b) One member must be appointed from nominations provided by a statewide association of osteopaths;
- (c) One member must be a provider working in an independently owned practice setting;
- (d) One member must be appointed from nominations provided by a statewide association of community health centers, and that member must be working at a federally qualified health center;
- (e) One member must be appointed from nominations provided by a statewide association of nurse practitioners;
- (f) One member must be appointed from nominations provided by a statewide association of physician associates; and
- (g) One member must be appointed from nominations provided by a statewide association of hospitals;

(2) Five members must represent stakeholder groups with an interest in primary care as follows:

- (a) Two members must represent 3rd-party payors and must be appointed from a list of 3rd-party payors provided by a statewide association of health plans providing or administering health insurance coverage;
- (b) One member must represent employers and must be appointed from a list of employers provided by a statewide association of health care purchasers; and
- (c) Two members must represent consumers and must be appointed from a list provided by a statewide association that advocates for access to affordable health care. For the purposes of this division, "consumer" means a person who is not affiliated with or employed by a 3rd-party payor, a provider or an association representing 3rd-party payors or providers; and

(3) Four members must be appointed as follows:

- (a) Two members must be appointed by the Commissioner of Health and Human Services, one representing the office of MaineCare services and one representing the office of the commissioner;
- (b) One member of the Senate, appointed by the President of the Senate; and
- (c) One member of the House of Representatives, appointed by the Speaker of the House.

The Superintendent of Insurance or the superintendent's designee and the executive director of the Permanent Commission on the Status of Racial, Indigenous and Tribal Populations or the executive director's designee serve as ex officio members.

In the event of a vacancy in the advisory council membership, the vacancy must be filled in the manner of the original appointment for the remainder of the term. For the purposes of reappointment, any partial term filled after a vacancy must be considered a full term. [PL 2025, c. 218, §3 (NEW); PL 2025, c. 316, §3 (REV).]

C. Except for members who are Legislators and the ex officio members, members of the advisory council serve 3-year terms. A member may not serve more than 2 consecutive terms. The terms of Legislators serving as members of the advisory council coincide with those members' legislative terms of office. [PL 2025, c. 218, §3 (NEW).]

D. Except for members who are Legislators, members of the advisory council are eligible for compensation as provided under Title 5, chapter 379. [PL 2025, c. 218, §3 (NEW).]

E. A quorum is a majority of the members of the advisory council. [PL 2025, c. 218, §3 (NEW).]

F. The advisory council shall choose one of its members to serve as chair for a 2-year term. [PL 2025, c. 218, §3 (NEW).]

G. The advisory council shall meet at least 4 times a year at regular intervals and may meet at other times at the call of the chair. Meetings of the advisory council are public proceedings under Title 1, chapter 13, subchapter 1. [PL 2025, c. 218, §3 (NEW).]

This subsection is repealed January 15, 2031.

[PL 2025, c. 218, §3 (NEW); PL 2025, c. 316, §3 (REV).]

SECTION HISTORY

PL 2003, c. 469, §A8 (NEW). PL 2007, c. 594, §§1, 2 (AMD). PL 2007, c. 629, Pt. L, §5 (AMD). PL 2009, c. 350, Pt. A, §2 (AMD). PL 2009, c. 359, §5 (AMD). PL 2009, c. 359, §8 (AFF). PL 2011, c. 90, Pt. J, §23 (AMD). PL 2019, c. 244, §2 (AMD). PL 2021, c. 603, Pt. A, §2 (AMD). PL 2025, c. 218, §§1-3 (AMD). PL 2025, c. 316, §3 (REV).

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