

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1497

H.P. 981

House of Representatives, April 8, 2025

**An Act to Amend the Laws Governing Primary Care Reporting by
the Maine Quality Forum and to Establish the Primary Care
Advisory Council**

Reference to the Committee on Health Coverage, Insurance and Financial Services
suggested and ordered printed.

A handwritten signature in black ink, reading "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative ZAGER of Portland.
Cosponsored by Senator BRADSTREET of Kennebec and
Representatives: ARATA of New Gloucester, MASTRACCIO of Sanford, Senators: BAILEY
of York, BENNETT of Oxford.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 24-A MRSA §6951, sub-§12**, as enacted by PL 2019, c. 244, §2, is
3 repealed.

4 **Sec. 2. 24-A MRSA §6951, sub-§12-A** is enacted to read:

5 **12-A. Primary care reporting.** Beginning January 15, 2026 and annually thereafter,
6 the forum shall submit to the Department of Health and Human Services and the joint
7 standing committees of the Legislature having jurisdiction over health and human services
8 matters and health coverage and health insurance matters a report on at least one of the
9 following key measures reflecting the status of primary care in the State:

10 A. Annual primary care expenditures as a percentage of overall health care spending
11 and investment;

12 B. The capacity of the primary care provider workforce to care for all residents of the
13 State;

14 C. The ability of residents of the State to have timely access to primary care services;
15 and

16 D. The overall health of residents of the State using metrics that reflect the use of
17 preventive and screening services.

18 **Sec. 3. 24-A MRSA §6951, sub-§14** is enacted to read:

19 **14. Primary Care Advisory Council.** The Primary Care Advisory Council, referred
20 to in this subsection as "the advisory council," is established. The forum shall convene and
21 staff the council.

22 For purposes of this subsection, "primary care" means physicians, nurse practitioners and
23 physician assistants practicing in family medicine, general pediatric medicine, general
24 internal medicine and geriatric medicine.

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

28 (1) Assess the overall status of primary care in the State using available data,
29 including, but not limited to, timely access to primary care services, quality of care,
30 equity and the adequacy and sustainability of the State's primary care workforce;

31 (2) Identify gaps in the status of primary care in the State and potential approaches
32 to address those gaps; and

33 (3) Make recommendations for specific policy changes to address identified gaps
34 that will:

35 (a) Ensure sufficient investment in primary care services that will result in
36 better health for residents of the State and lower overall health expenditures;

37 (b) Ensure a sufficient number and geographic distribution of primary care
38 providers so that each resident of the State has a primary care provider near
39 that resident's home, with a focus on ensuring equity in all counties;

1 (c) Ensure a resident's ability to access services from a primary care provider
2 in a timely manner; and

3 (d) Improve the health of residents by ensuring adequate access to preventive
4 and screening services.

5 Beginning January 15, 2026 and annually thereafter, the advisory council shall submit
6 a report detailing its activities and recommendations under this paragraph to the
7 Department of Health and Human Services and the joint standing committee of the
8 Legislature having jurisdiction over health coverage and health insurance matters.

9 B. The advisory council consists of the following 16 members:

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

16 (a) One member must be appointed from nominations provided by a statewide
17 association of physicians;

18 (b) One member must be appointed from nominations provided by a statewide
19 association of osteopaths;

20 (c) One member must be a provider working in an independently owned
21 practice setting;

22 (d) One member must be appointed from nominations provided by a statewide
23 association of community health centers, and that member must be working at
24 a federally qualified health center;

25 (e) One member must be appointed from nominations provided by a statewide
26 association of nurse practitioners or a statewide association of physician
27 assistants; and

28 (f) One member must be appointed from nominations provided by a statewide
29 association of hospitals;

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

32 (a) One member must represent 3rd-party payors and must be appointed from
33 a list of 3rd-party payors provided by a statewide association of health plans
34 providing or administering health insurance coverage;

35 (b) One member must represent employers and must be appointed from a list
36 of employers provided by a statewide association of health care purchasers;
37 and

38 (c) Two members must represent consumers and must be appointed from a list
39 provided by a statewide association that advocates for access to affordable
40 health care. For the purposes of this division, "consumer" means a person who
41 is not affiliated with or employed by a 3rd-party payor, a provider or an
42 association representing 3rd-party payors or providers; and

1 system in the State and to submit a report annually to the Department of Health and Human
2 Services and the joint standing committee of the Legislature having jurisdiction over health
3 coverage and health insurance matters.