Respondent	Subcategory	Name	
Advocacy	Consumer	AARP	• Highlighted challenges affording prescription drugs, costs associated with insurance (especially for older adults), and disproportionately high rates of uninsurance and delayed care due to costs in rural areas
Advocacy	Consumer	Consumers for Affordable Health Care	• Barriers: gaps in eligibility based on immigration status, rising prescription drug and hospital costs (including inadequate free care and payment plan options), unaffordable premiums and out-of-pocket costs. • Maine specific challenges noted are rurality and the concentration of Maine's provider market. • Policy recommendations: close coverage gaps for immigrants, provide extended continuous eligibility for children in MaineCare, expand access to hospital financial assistance, strengthen consumer protections for medical credit cards, considering using Medicare rates as a reference point for prescription drug and hospital prices, prohibit anti-competitive contract practices by health systems, ensure silver plan premium alignment, limit cost-sharing requirements by maximizing use of pre-deductible coverage and copays (rather than coinsurance), increase standardization and actuarial value requirements of Clear Choice plans, reduce segmentation of the fully-insured market, strengthen rate review, provide state-funded subsidies for coverage,
Advocacy	Consumer	Disability Rights Maine	• Challenges: Inability to afford out-of-pocket costs especially due to higher health utlization and lower average incomes for people with disabilities, particularly noting high prescription drug costs, limits on the frequency of coverage for certain items and services, lack of coverage for dental, hearing, or vision services in traditional health insurance, and lack of transparency and certainty about coverage. Also noted limitations on the MaineCare for Workers with Disabilities Program. • Maine has a relatively high population of people with disabilities, about half of whom are working age. • Policy recommendations: remove the unearned income cap in the Workers with Disabilities Program, consider ways to make insurance plan design more

Advocacy	Employer Purchasers	Healthcare Purchaser Alliance	• Concerns: heavily consolidated health care market, lack of transparency in hopsital prices and financials, reduced impact of MGARA on individual premiums. • Policy recommendations: eliminate anticompetitive contract terms, set caps on out-of-network reimbursement, establish universal reporting standards for hospital transparency and assess penalties for non-compliance, improve public transparency of hospital financial reporting, improve the ease of accessing hospital free care, strengthen community benefit requirements, create a division within the Bureau of Insurance to handle complaints about providers,
Advocacy	Consumer	Maine AllCare	• Advocates for a creation of a single state plan covering all current commercial and MaineCare enrollees on the basis that administrative savings and negotiation of prices on behalf of a larger population would generate savings to provide comprehensive $0 coverage. • Also noted delayed or deferred care resulting from OOP costs and recommended that the Marketplace take additional steps to address OOP
Advocacy	Consumer	Maine Equal Justice	• Highlighted MaineCare eligibility exclusions based on immigration status, including the coverage gap for undocumented people and those with uncertain or temporary status. Recommended removing all immigration-based eligibility exclusions. Also noted challenges related to regional differences in hospital free care and General Assistance policies, as well as challenges accessing transportation, especially in rural areas. • Noted that Maine's immigrant population is smaller than some states, but very divers and growing, and that coverage gaps are a driver of racial inequality in health access. Also referenced higher rates of uninsurance and
Advocacy	Consumer	Maine People's Alliance	• Policy recommendations: remove immigration-related eligibility restrictions from MaineCare, strengthen hospital price transparency laws and regulate hospital prices, increase free care requirements, create a public option, negotiate prescription drug prices.

Advocacy	Consumer	MedHelp Maine	• Challenges: unaffordable medications, policymaking based on claims data that does not capture health outcomes or deferred care, barriers to coverage related to the complexity of programs, physician admin burden and related burnout. • Maine-specific challenges: resistance to innovation, non-profit health organizations prioritizing financial outcomes over improved health, decision making not being inclusive enough of people with lived experience, resources directed to newly visible small populations. • Policy recommendations: promote a single-payer plan at the national level, exclude payer representatives from early policy prioritization by OAHC, create a single door for eligibility determination/enrollment for public coverage and assistance programs, require health literacy education in K-12, fund a public
Advocacy	Insurance Brokers	National Association of Benefits and Insurance Professionals Maine Chapter	• Barriers: high premiums and out of pocket costs resulting from the high cost of health care • Maine-specific challenges: relative higher age, rurality and lack of internet access, low government reimbursement rates. • Policy recommendations: consider moving commercial payment away from cost/charge basis, provide regular increases in MaineCare reimbursement, move professional reimbursement policies from FFS to outcome-based systems, ensure consideration of the costs of benefit mandates, develop strategies for long-term cost containment with a focus on public health promotion, require carriers and MaineCare to report on fraud and abuse activities, create a universal system for billing and coding to reduce
Advocacy	Individual	Henk Goorhuis	• Highlighted administrative burden for providers, specifically independent
Advocacy	Individual	Daniel Bryant	• Advocating for a single-payer system as the way to resolve cost and access barriers to care
Association	Provider	Maine American Physical Therapy Association	• Challenges: high out of pocket costs especially for physical, occupational, and speech therapy services, high admin burden, high student debt making it difficult to meet salary expectations. • OOP and workforce issues are especially difficult in Maine because cost of living in Maine is high relative to income. • Monitor or regulate OOP for above therapy services

Association	Provider	Maine Medical Association	• Pointed to MMA's policy statement which calls on the state to design a system of universal coverage consistent with outlined principles.
Association	Provider	Maine Primary Care Association	• Challenges: high cost of health insurance (both premiums and out of pocket costs), intergenerational social health issues, lack of adequate and consistent support for primary care. • Maine-specific issues: rurality, lack of internet access, and the high cost of essential goods. • Strategies deployed: improving workforce programs, supporting Community Health Workers, tracking and better addressing social determinants of health. • Policy recommendations: at "macro level": support new health centers, community-based training/ GME for providers, community-oriented models of care, and tracking primary care performance. At "meso level": align payment systems to advance primary care, incentivize team-based care, increase training options and incentives for the primary care workforce, and publicly report on Medicaid standards. At "micro level": provide flexibility for payment and care delivery, support training of nonclinical team members, consider a marketing campaign to encourage residents to establish a primary care
Association	Other	PCMA	• Challenges: high list prices for prescription drugs, real-time benefit tools (presumably limited use of such tools), need to examine full supply chain for prescription drugs. • Maine laws restricting PBM practices cited as a Maine-specific barrier • Policy recommendations: promote generic and biosimilar competition, protect utilization management tools, maximize pharmacist scope of practice, require/incentivize the use of real-time benefit tools by providers, examine and consider regulation of pharmacy services administrative organizations.
Hospital/Healt		Maine Hospital	• Recommended that OAHC discuss data sources and methodology

Hospital/Health System		MaineHealth	• Top challenges cited were Maine's older population, large and rural geography, low average incomes relative to the region and associated higher health needs, and competition for employees with the higher wage Boston market. Also noted multiple challenges related to the pandemic and recovery. • Strategies being utilized include creating efficiencies in internal expenses and optimizing revenue and pursuing value based care models. • Recommended that the state focus on holistically addressing gaps in care for people with behavioral health, IDD, and long term care needs, many of whom are enrolled in MaineCare. • Also noted the importance of considering equity and access in affordability initiatives, as well as additional administrative burden on hospitals.
Hospital/Health System		Northern Light Health	• Discussed financial challenges related to pandemic and recovery. • Challenges outlined include the relatively higher age and lower self-reported health status of Maine people generally, and specifically in the more rural communities served by Northern Light. Also noted inadequate government reimbursement rates. • Strategies include participating in VBP models, screening for SDOH and emphasizing preventative care, and right-sizing of modernization projects Policy priority should be addressing continuum of care, specifically shortage of nursing home beds and residential care and home care capacity.
Individual	Patient/Consu	Jean Guzzetti	• Difficulty finding coverage between plans after missing SEP
Individual	Patient/Consumer	James Sullivan	• Unaffordability of deductible in employer-sponsored coverage • Uses a medical device and meeting his deductible annually will deplete all savings within two years
Individual	Patient/Consumer	J White	• Insurance is unaffordable, and in particular does not provide value when deductible is too high • Frustration that HSAs can not be used with non-HDHPs • Also noted that plan options are confusing and difficult to navigate
Individual	Patient/Consumer	Jason Holman	• Experienced issues with direct bills from providers due to adminstrative issues with claims processing and improper claims submissions • Expressed that insurance company and health systems were unhelpful and unable to provide resolution

Individual	Patient/Consumer	Julie Keller Pease	• Following an injury, pointed to the complexity of medical billing and the outsized amount of time spent with administrative processes as opposed to receiving care • Contrasted that experience with a simpler and less expensive experience in New Zealand, and a neighbor's experience receiving higher intensity care in
Individual	Patient/Consumer	Roxy Kai	• Relies on MaineCare for care of complex health needs for herself and a child, and described stress and worry about earning too much and losing eligibility for MaineCare
Individual	Patient/Consumer	Whitney Blethen	• Received a surprise bill for two ambulance trips, and has struggled to receive any assistance with resolution from either the insurance company or
Individual	Professional - CHW	Simane Ibrahim	• Encouraged expanding and improving access to hospital free care programs, citing issues with language access, navigation to community resources, and low financial eligibility caps at some hospitals
Individual	Professional - CHW	Cristina Tusimbana	• Noted that MaineCare eligibility exclusions based on immigration status are a barrier to care for the community she works in, and that application requirements for asylum seekers can make it difficult for them to enroll even if they are eligible. • Also recommended improvements to hospital free care programs including lack of notice of availability, online-only applications, and notarization
Insurance Company		Anthem Blue Cross Blue Shield	• Top challenges cited were provider consolidation, impact of Certificate of Need on development of alternative sites of care, limits on utilization management, lack of consistent billing by actual site of care, and lack of transparency. • Strategies the organization is using are value based purchasing and partnering with other organizations to diversify the health care delivery system • Policy recommendations: address anti-competitive contract terms, increase state review of provider consolidation transactions, reform certificate of need process, require identification of specific site of care in claims, establish MHDO

Insurance Company		Community Health Options	• Top challenges cited were specialty pharmacy and physician-administered pharmacy costs, recent state policy action curtailing management controls and reducing MGARA's impact on the individual market, and provider consolidation. • Strategies ulitized include developing value-based insurance designs, providing member incentives for high value care, and coordinating with providers to improve access to lower-cost medications. • Policy recommendations: unmerge individual and small group markets, increase small group pool by amending definition of small group, place guardrails around self-insured arrangements for small employers, allow payer participation in HIN, eliminate High Priced Items and Services provision applying to MGARA, avoiding further limits on prior auth and utilization management as well as mandated coverage for specific drugs or drug classes, adhere to mandate studies, encourage adoption of VBP without additional
Insurance Company		Maine Association of Health Plans	• Top concerns: limits on utilization management, pharmaceutical costs, provider consolidation, and contractual limitations by providers. Also noted merged markets, coverage mandates, and public reimbursement rates as impacting commercial prices. • Recommended addressing tactics used by pharmaceutical companies to maintain market share and considering setting reference-based prices for drugs, reduce/eliminate coverage and standardization requirements that exceed ACA baselines, reducing barriers to value based care, unmerging the small group and individual markets, requiring coverage mandate and plan
Provider	Individual	Jane Pringle	• Concern about provider administrative burden and resulting shortages of primary care doctors • Supportive of MMA policy statement
Provider	Individual	Jean Antonucci	• Challenges: consolidated market and onerous processes/restrictions established by large health systems, fragmented EMR systems, burden from certain payment models, HMO referral requirements for specialists, need creative solutions for certain services e.g. mobile dentistry and telehealth for psychiatry. • Recommendations: establish a single health care "czar," single sign on for

Provider	Entity	Family Vision Solutions	• Delayed or inaccurate payment from insurers is a major challenge and increases costs because of administrative burden on providers • Would like to see a framework for quality measurement of provider-carrier administrative practices
Provider	Entity	Groups Recover Together	• Challenges/needs: greater visibility into claims data for the patient population to better coordinate care, align provider financial incentives to health outcome goals, provide financial incentives through shared savings programs for providers who lower total costs of care. • Maine specific characteristics: state-amdinistered Medicaid program, rurality of the state, higher relative use of lethal drugs used in combination with other substances and high rate of death from opioid overdose. • Strategies: geographically diverse locations and virtual options, working with DOC to assist residents transitioning out of corrections settings, prioritizing retention which can result in lower total COC for individuals. • Recommended changes to the Opioid Health Home model including: adding a level of care which includes mental health support, expanding the model to all substance use disorders, eliminate barriers to collaborative care in the form of cumbersome approval processes.
Provider	Individual	Jessica Faraci	• Need for more primary care doctors and more investment in primary care. Primary care workforce is burning out due to financial and admin burden. • Recommendations: set primary care spending targets, make all preventative services free. Increase in ancillary services so social work and therapy is embedded in PC practice. Move to value based capitated payment models. Increase workforce by offering loan repayment, removing hurdles like non-compete contract clauses, and encouraging organizations to protect "unpaid