



Advisory Council on Affordable Health Care

May 6th, 2026





Agenda

- Administrative Updates
- Level-setting on OAHC and Advisory Council statute
- Legislative update and future planning
- Measuring access and quality
- Non-hospital payment and utilization dashboards



Level-Setting
on Office
Duties

OAHC Duties - Analyses and Tracking

The office shall, at a minimum, use data available from the Maine Health Data Organization, established pursuant to [Title 22, chapter 1683](#), and the Maine Quality Forum, established in [Title 24-A, section 695I](#), to:

- Analyze health care cost growth trends and correlation to the quality of health care;
- Analyze health care spending trends by consumer categories, payer type, provider categories or any other measurement that presents available data in a manner that may assist the legislative oversight committee in understanding health care cost drivers, health care quality and utilization trends, the impact of emerging technology in health care treatment, consumer experience with the health care system or any other aspect of the health care system;
- Monitor the adoption of alternative payment methods in this State and other states that foster innovative health care delivery and payment models to reduce health care cost growth and improve the quality of health care;

OAHC Duties - Policy Development

- Based upon the data obtained and the analysis pursuant to [paragraphs A](#) to [C](#):
 - Develop proposals for consideration by the legislative oversight committee on potential methods to **improve the cost-efficient provision of high-quality health care to the residents of this State.**
 - Conduct a systemic review of the health care system and develop proposals to **improve coordination, efficiency and quality of the health care system.**
- Develop proposals for consideration by the legislative oversight committee on potential methods to **improve consumer experience with the health care system**, including the provision of a consumer advocacy function on health care matters not addressed by the Health Insurance Consumer Assistance Program
- Provide staffing assistance to the **Maine Prescription Drug Affordability Board** established in [chapter 167](#).
- Analyze barriers to affordable health care and coverage and develop for consideration by the legislative oversight committee proposals on potential methods to **improve health care affordability and coverage for individuals and small businesses in the State.**

Advisory Council Duties

The Advisory Council on Affordable Health Care, established in [section 12004-I, subsection 31-B](#), is an advisory council to the office on matters affecting the cost of health care in this State.

Duties of advisory council. The advisory council shall advise the office on matters affecting the cost of health care in this State.

Members adopted a charter during an early meeting of the Council which expands on the group's interpretation of the statutory charge:

<https://www.maine.gov/oahc/sites/maine.gov.oahc/files/2023-09/3.2%208.8%20Additional%20Documents.pdf>



Legislative Update & Future Planning



Updates on OAHC Areas of Policy Focus

Provider Market Oversight and Competition

- LD 2201 was passed by the legislature and signed by the Governor. The bill creates a new Material Change Transaction review process for acquisitions of majority interest or control of health care providers by private equity companies.
 - Under the law, OAHC is charged with working with the Maine DHHS Division of Licensing and Certification (DLC) to identify whether transactions are subject to comprehensive review, and if so, with conducting a cost and market impact analysis.
 - Rulemaking will take place this year, with rules reviewed by the legislature next session.

Regulating Commercial Prices for Health Services

- LD 2196 was significantly amended by the Health and Human Services Committee. The version voted out by the Committee included only caps on the growth of hospital prices, and increased floors for primary care and behavioral health care up to 150% of Medicare by 2034.
- The bill was tabled in the House so did not receive a vote and died on adjournment.

Updates on OAHC Areas of Policy Focus (continued)

Aligning Incentives to Promote Efficiency and Quality

- As discussed in a meeting earlier this year, OAHC will be collaborating with Maine DHHS on the “Sustainable Rural Health Ecosystems” initiative within the Rural Health Transformation Program. This is a very large project involving relevant staff across agencies and increasingly will be engaging external partners, so we anticipate trying to align the Office’s charge and work in this area with the Program’s activities and goals. This work will likely include:
 - Added data analyses to understand availability of providers and services around the state.
 - Leveraging our analyses of hospital financial performance in support of the hospital financial stability and efficiency activity.
 - Supporting the planning stages of the regional health ecosystems activity, reassessing how care is delivered and paid for in rural communities.



**Access and
Quality
Metrics**

OAHC - Measuring Access to Care

Goal

- Create online dashboards and/or easily updated reports on health care access & quality in Maine.
- Consider measures that are relevant, reproducible, and inform policy work.
- Limit duplication of efforts in other state agencies or organizations that are completing work on health care access in Maine.

Where we left off:

Measuring Access to Care – Analytical Approaches

Coverage

- Who is limited to accessing health care based on lack of coverage?

Services

- What services are available in Maine and where are they located?

Workforce

- Is the health care workforce in Maine sufficient to meet the needs of consumers?

Timeliness

- Are consumers able to access the care they want when they want it?

Quality

Where we left off: Measuring Access to Care – Data Considerations

Feasibility

- Ideally leveraging existing data sources, both for expediency and to limit burden.

Historical Availability and Replicability

- Understanding changes in access is important – sources should ideally be annually.

Timely

- Data sources with significant publishing lag can limit interpretability to present day.

Detailed - Equity

- Data sources that capture consumer characteristics and payor types can inform analyses on health care equity with relation to access to care.

Measuring Access to Care – Updates

- OAHC met with organizations conducting work on access to health care in Maine to get a better sense of available work that is accurate, reproducible and readily available.
- There were some analyses that the Advisory Council were interested in that are no longer being updated and are not easily reproducible (e.g. Avoidable ED Use).
- Annually updated data sources on health care access measures are limited.
- The following slides present our current direction.

Coverage

Goal: Monitor uninsurance rates in Maine to understand changes in coverage and potential impacts on access to care.

Plan: Report out on uninsurance rates by demographics (age, race and ethnicity, household income, and geography).

Data Source: U.S. Census, American Community Survey – 1 Year Estimates

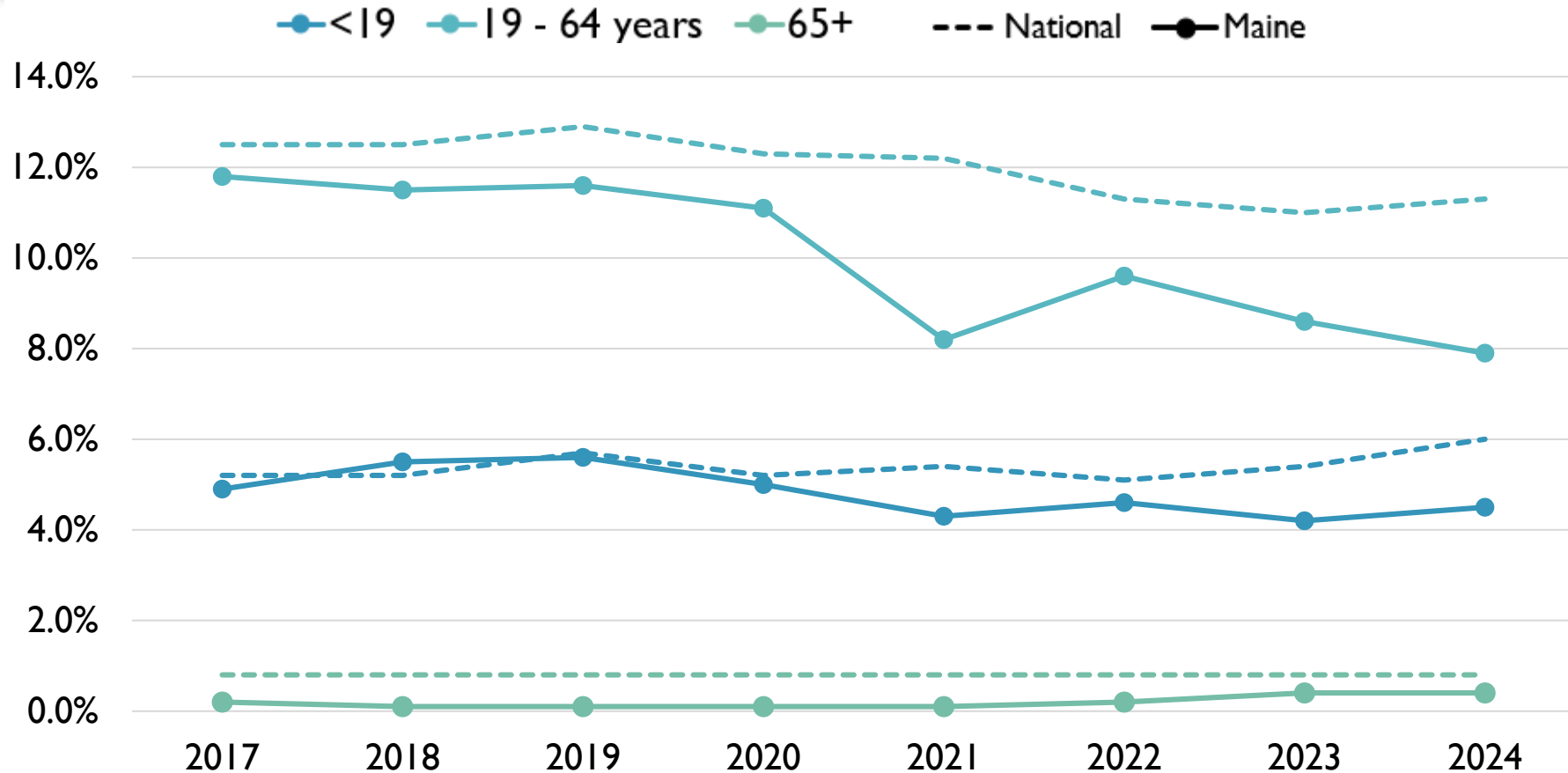
Additional Considerations:

- Impacts of underinsurance on access to care.



Coverage

Uninsurance Rates by Age



U.S. Census Bureau. (2025). *American Community Survey 1 Year Estimates for Insurance Coverage by Age, Sex, Income, and Race*. <https://data.census.gov/table?q=Health+Insurance>

Services

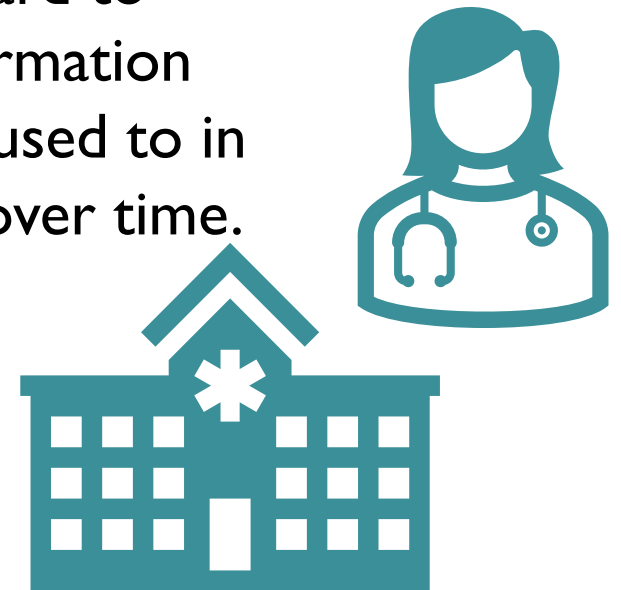
Goal: Understand current state and trends of service availability in Maine.

Plan: Given the lack of consistent data in this area, we look forward to leveraging work from MHDO, funded by the Rural Health Transformation Program, to develop a centralized provider directory that can be used to in combination with other data sources to track service availability over time.

Data Source (anticipated): MHDO Provider Database

Additional Considerations:

- Prior work in this area has been point in time.
- Open to suggestions for other approaches.



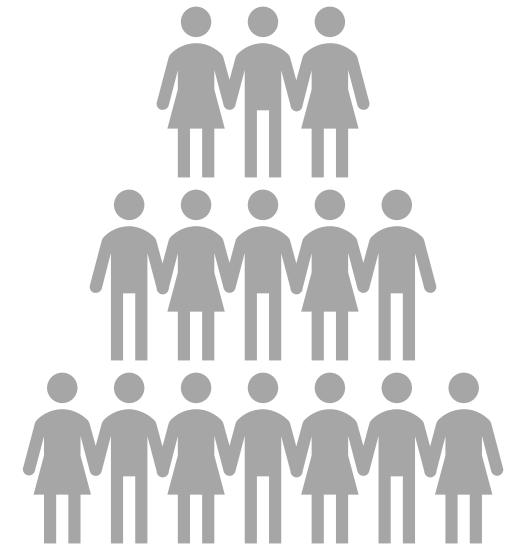
Workforce

Goal: Monitor and report on workforce status and demand.

Plan: MHDO was recently awarded grant funding from MeHAF for a project to develop a standardized minimum data set for health care workforce and to produce a comprehensive health care workforce dashboard

Data Source (anticipated): Maine Health Data Organization

Additional Considerations: Provider retainment and nonclinical staff.



Timeliness

Goal: Monitor and report out on measures that capture consumers ability to access timely care

Plan: Report out on ED wait times, and other readily available timeliness metrics. Measure patient responses to timeliness data.

Data Source: CMS Star Rating Data and BRFSS

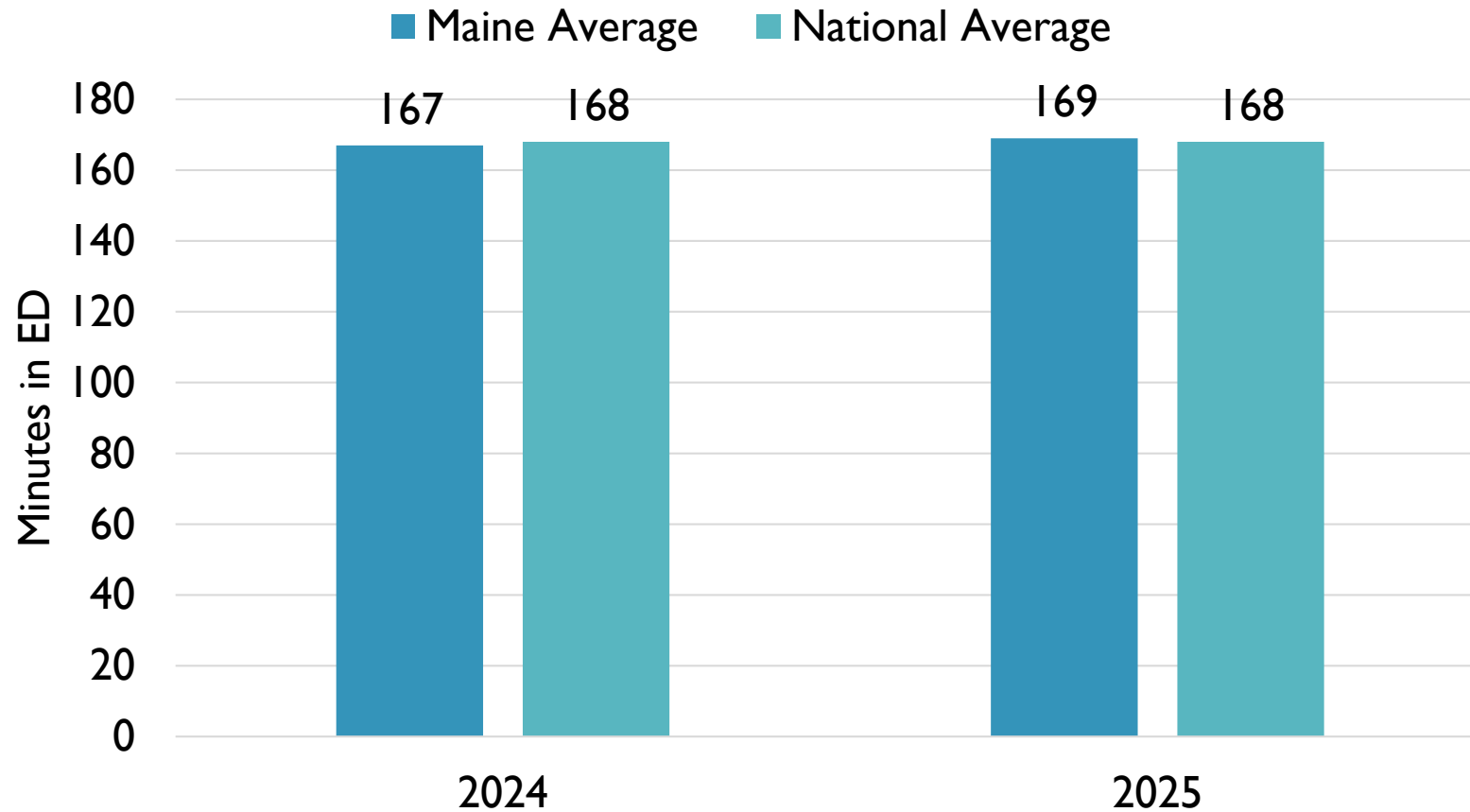
Additional Considerations:

- Wait times for appointments by specialty and primary care,
- Down stream provider deficits leading to ED boarding.



Timeliness

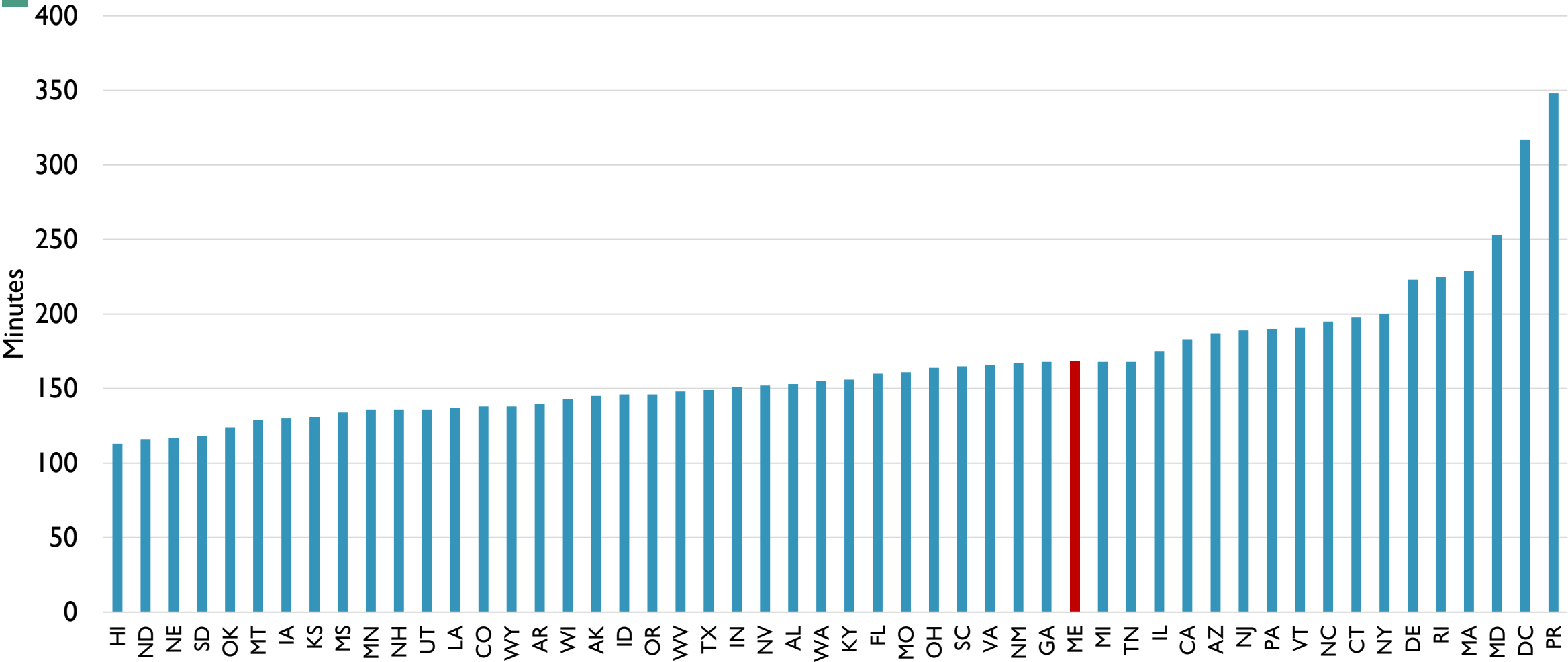
Average time all patients spent in the ED



Centers for Medicare and Medicaid Services. (2025). ED Wait Times by Hospital.

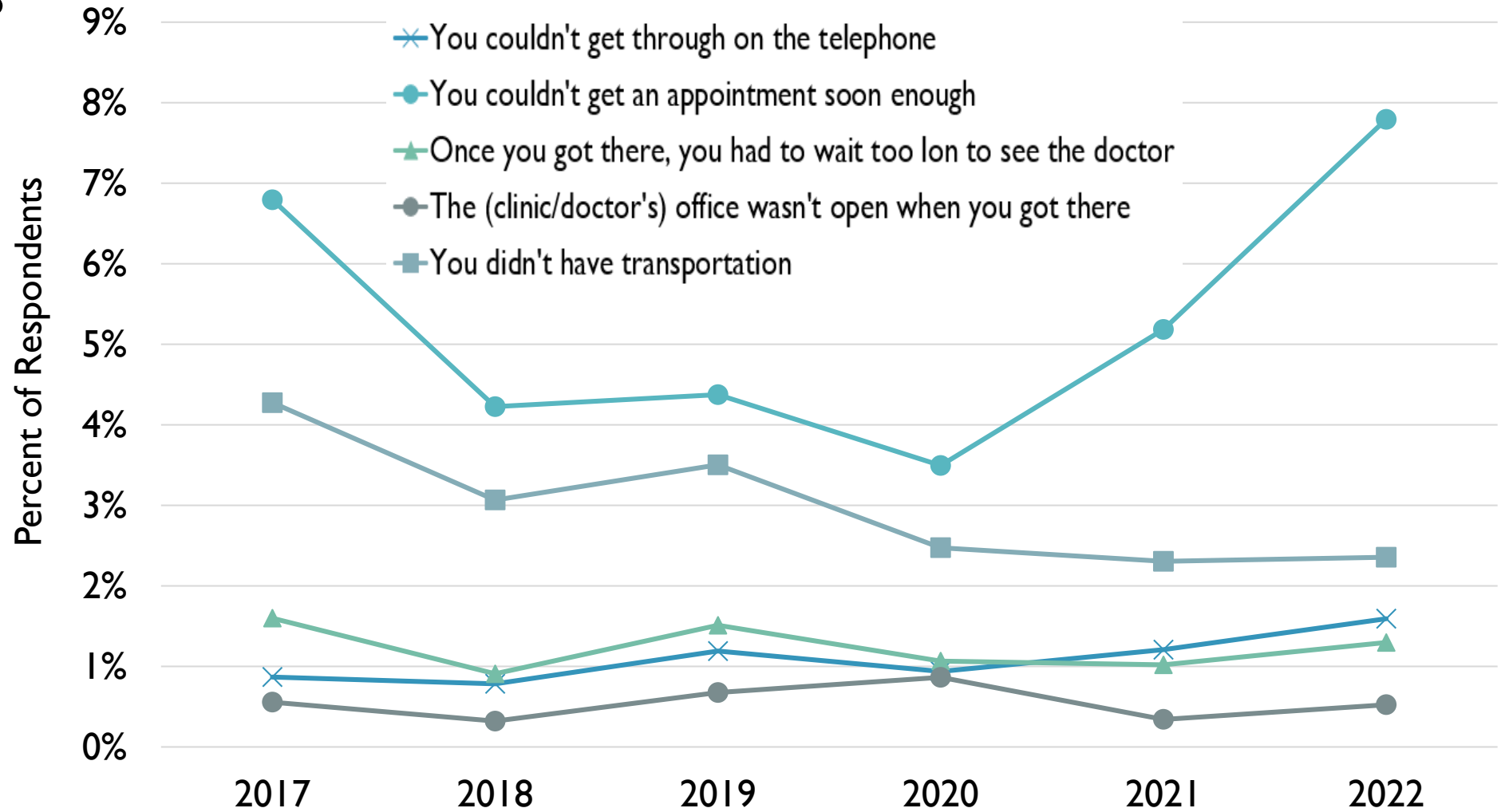
Timeliness

Average Time All Patients Spent in the Emergency Department by State, 2025



Timeliness

Other than cost, have you delayed getting medical care in the past 12 months for any of the following reasons?



Quality

Goal: Monitor and report out on measures that capture the clinical quality of care.

Plan: Continue to collaborate with MQF and its advisory bodies (especially the Primary Care Advisory Council) to identify opportunities for state-level reporting of quality metrics that capture non-hospital care.

Data Source: To be determined.

Quality

MHDO Efforts through Hospital and Patient Reporting:

- CompareMaine reports quality measures include:
 - HCAPS data from CMS on patient experience
 - Falls and Injuries and Pressure Ulcers
 - Healthcare-Associated Infections and Serious Complications
 - Unplanned hospital readmissions

Quality of Care

Displaying Quality Measures

Except for the Five-Star Overall Hospital Quality Rating and the Patient Experience Survey Ratings, the quality data on CompareMaine are displayed using a three-bar scale, comparing a hospital's rating to other reporting hospitals in the state, except when no state average is available. Three bars represent better than average performance and one bar represents worse than average performance. More bars are better.



The performance of hospitals on several of the quality measures is compared to the state confidence intervals and state and national averages, when available. The performance rating for a hospital may differ depending on which comparison is being made.

If the hospital's **confidence interval** (CI) overlaps with the state confidence interval, the hospital is considered "average," and receives a rating of two bars on CompareMaine. If the hospital's CI is below the state CI, the hospital is performing "above average" and receives a rating of three bars. If the hospital's CI is above the state CI, the hospital is performing "below average" and receives a rating of one bar.

For the Five-Star Overall Hospital Quality Rating, CompareMaine reports on a five-star scale, with the stars drawn from the [Centers for Medicare & Medicaid Services \(CMS\) Provider Data Catalog](#):




For Patient Experience Survey Results, CompareMaine reports on a five-bar scale, with each bar representing a star in the Five-Star Overall Hospital Quality Rating:



Next Steps

- Begin building out reporting.
- Start with easily reproducible and accessible metrics.
- Bring products back to the Advisory Council for review.



Non-Hospital Payment and Utilization Dashboards

Non-Hospital Payment and Utilization Dashboards

Non-Hospital Services Payments and Utilization by [HSRI's Population Health Team](#)

- Today: review dashboard functionality
- Seeking Advisory Council review and feedback
- Where to access dashboards:
https://public.tableau.com/app/profile/hsri.s.population.health.team/viz/Non-HospitalServicesPaymentsandUtilization_17733489116690/Payments

