

Maine

State and Local Health Equity Policy Checklist

AUGUST 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.	 <i>The state requires Racial Equity Impact Statements to be completed at the request of a lawmaker or legislative committee.</i>	Maine passed a law (LD 2) in 2021 that requires department/ agency leadership to prepare a racial impact statement assessing the potential impact that a piece of legislation could have on historically disadvantaged racial populations upon the request of a legislative committee. The law also requires the Legislative Council to perform a study to determine the best method of establishing and implementing a system of using racial impact statements for legislation. The council must deliver its findings by Nov. 1, 2021 and implement a pilot project for the limited use of racial impact statements by Dec. 1, 2021. ¹
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <i>One or more cities/ counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.</i>	Portland's City Council declared racism a public health crisis in 2020 and created a racial equity steering committee to make recommendations on how to respond to institutional racism. ²
Develop a 'Health in All Policies' strategy at the state or local level.		The Bangor Public Health Department aims to set local public health policy by using a "Health in All Policies" lens. ³
Establish Health Equity Zones to better address social determinants of health.		

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklists.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>While Maine does not appear to have an Equity Strategic Plan in the form of a publicly available report, state/local government agencies have implemented programs to reduce health disparities. For example:</p> <p>Maine’s Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations was established by the Legislature and signed into law in 2019. The independent entity has a mission to examine racial disparities across all systems and work to improve the status and outcomes for historically disadvantaged racial, indigenous and tribal populations in the state.⁴ The council’s recommendations to the legislature are outlined in a September 2020 report.⁵</p> <p>The City of Portland’s Public Health Division established the Minority Health Program in 2003 to decrease health disparities in the Greater Portland Area by improving access to needed health care services among immigrant, refugee and low-income Caucasian and African American populations.⁶</p>
<p>Fund community-driven health equity action plans.</p>		
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans</p>		<p>Maine’s 2019 Shared Community Health Needs Assessment Report includes substantial discussion of health disparities—identifying ten medically underserved populations for which additional research is needed to understand disparities in health needs, health access barriers and priorities for health and wellness improvement in Maine.⁷ Addressing health disparities is also identified as a priority in the state’s 2018-2020 Health Improvement Plan.⁸</p> <p>Maine produced two additional equity-focused reports resulting from its 2016 and 2019 state health assessments:</p> <ul style="list-style-type: none"> • Using Data to Promote Health Equity⁹ • Social Determinants of Health in Maine¹⁰ <p>The 2019 Health of Portland Report emphasizes health equity, as well.¹¹</p>
<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>		<p>As part of its COVID-19 Health Equity Improvement Initiative, the Department of Health and Human Services awarded grants to 24 community-based organizations to provide culturally-tailored prevention, education and social support activities to disproportionately impacted communities. The initiative will also help the Department identify interventions that can have a lasting impact on reducing systemic disparities.¹²</p>

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.		Maine produced a statewide asthma plan ¹³ in 2010 and created a 2011-2020 strategic plan ¹⁴ to prevent and control cardiovascular disease and diabetes.
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		The Greater Portland Council of Governments participates in GARE . ¹⁵

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.		<p>Maine's Office of Minority Health was dissolved in 2015, but was re-established as the Office of Population Health Equity in 2021. The goal of the office is to identify and address health disparities in communities throughout Maine.¹⁶</p> <p>Portland's Public Health Division released minority health assessments in 2011, 2014 and 2018.¹⁷</p>
Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		Maine passed legislation (LD 274) in 2021 that directs the Maine Health Data Organization (MHDO) to determine the best methods and definitions to use in collecting data on race and ethnicity to better understand health disparities experienced by different racial and ethnic groups in the state. The MHDO will submit a report to the legislature by Oct. 1, 2021 that includes suggested legislation. ¹⁸
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		Maine requires payers to include race/ethnicity in claims data as of January 2021. ¹⁹ The state's APCD also includes data on Z-codes related to social determinants of health. ²⁰

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Maine implemented Medicaid expansion on Jan. 10, 2019. ²¹
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		Maine operates an individual market reinsurance program , authorized through a 1332 innovation waiver. ²² Legislation (LD 1611) to provide coverage for all necessary health care services for Maine residents was proposed in 2020, but did not pass. ²³
Provide one-year continuous eligibility for Medicaid and CHIP.		Maine provides one-year continuous eligibility for Medicaid and CHIP. ²⁴
Provide coverage options to undocumented and recent immigrants.		Maine provides Medicaid and CHIP coverage to some documented immigrants without a five-year waiting period. ²⁵ Undocumented immigrants receive coverage through Emergency MaineCare (Medicaid); however, this option provides coverage only in extreme situations. ²⁶ Undocumented individuals meeting certain criteria are also eligible for Maine’s Low-Cost Drugs for the Elderly or Disabled Benefit (DEL) program that provides coverage for certain prescription drugs. ²⁷

Health Reform – Delivery

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.		Maine does not contract with Managed Care Organizations to provide care to Medicaid enrollees and instead uses Primary Care Case Management . ²⁸
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.		Medicaid ACOs (known as Accountable Community Partnerships) in Maine partner with community health teams to provide wraparound support and community linkages to the highest-need patients. Per state requirements, Accountable Community Partnerships that include a health home must extend an invitation for participation to the health home’s community health team. ²⁹

Health Reform – Delivery <i>(continued)</i>		
POLICY	SCORE	NOTES
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.		Maine employs 1115 and 1915 waivers to better address social determinants of health, for example by providing non-emergency medical transportation for MaineCare members. ³⁰
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.		
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.		
Create or expand Accountable Communities for Health with a focus on increasing health equity.		
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.		<p>ConnectMaine aims to facilitate the universal availability of broadband to all households and businesses throughout the state.³¹ Duties include establishing criteria to define unserved and underserved areas with respect to broadband service and expanding the availability of broadband service in unserved or underserved areas by identifying, developing and providing funding for broadband investments in such communities.³²</p> <p>ConnectMaine’s 2020 Broadband Action Plan focuses heavily on broadband expansion in rural Maine.³³</p> <p>A February 2021 interview with ConnectMaine’s Director cited work on a project with the Department of Health and Human Services to provide free service to low-income parents until June, however limited information on this project is available as of August 2021.³⁴</p>
Subsidize internet access to expand opportunities for telehealth.		
Expand coverage for telehealth services.		Maine prohibits health plans from denying coverage for healthcare services provided via telehealth if the telehealth service is medically appropriate and the service would have been covered if provided in-person. ³⁵
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.		Maine established telehealth reimbursement parity for the duration of the public health emergency. ³⁶

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Establish cost-sharing parity for telehealth services.		Maine allows insurance carriers to offer health plans that require a deductible, copayment or coinsurance for covered telehealth services provided that the deductible, copayment or coinsurance does not exceed that applicable to a comparable service provided in-person. ³⁷
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		Maine does not require cultural competency or implicit bias training for healthcare providers as of August 2021. ³⁸

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Maine reports data on COVID-19 vaccinations, cases, mortality and hospitalizations by race and ethnicity, but not COVID-19 testing or recoveries. ³⁹
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Maine conducts post-enrollment verification ⁴⁰ of income in phases, with the first phase occurring in May 2020. ⁴¹ The state also eliminated copayments and premiums in Medicaid for the duration of the public health emergency. ⁴²
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		Maine covers COVID-19 testing and treatment through Emergency Medicaid . ⁴³
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		Maine waives cost-sharing for medically necessary COVID-19 testing and screening charged by private insurers. ⁴⁴ The order applies to individual, small group and large group major medical health plans—not self-insured plans, which are regulated by the federal government. ⁴⁵ Maine does not require insurers to waive cost-sharing for COVID-19 treatment . ⁴⁶
Provide COVID-19 testing to residents free of charge.		Maine provides COVID-19 tests to residents free of charge . ⁴⁷

Notes

1. 2021 Maine Statutes (LD 2), An Act to Require the Inclusion of Racial Impact Statements in the Legislative Process. Accessed at <https://legiscan.com/ME/bill/LD2/2021>
2. City of Portland in the City Council, “[Resolution Establishing a Racial Equity Steering Committee to Develop a Community Vision Statement and Accompanying Initial Recommendations in Response to Systemic Inequities,](#)” Resolution (July 13, 2020).
3. City of Bangor, *Bangor Public Health & Community Services*, <https://www.bangormaine.gov/publichealth> (accessed on Aug. 9, 2021).
4. Maine Legislature, [Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations](#), Augusta, Maine. (2020).
5. Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations, [Recommendations to the Legislature](#), Augusta, Maine. (September 2020).
6. City of Portland, *Minority Health Program*, <http://www.portlandmaine.gov/467/Minority-Health-Program> (accessed on Aug. 9, 2021).
7. Central Maine Healthcare, et al., [State of Maine: 2019 Maine Shared Community Health Needs Assessment Report](#), Augusta, Maine. (2019).
8. Maine Center for Disease Control and Prevention, [State Health Improvement Plan 2018-2020](#), Augusta, Maine. (March 30, 2018).
9. Maine Center for Disease Control and Prevention, [Using Data to Promote Health Equity: Maine 2016](#), Augusta, Maine. (2016).
10. Maine Center for Disease Control and Prevention, [The Way Health Should Be: Social Determinants of Health in Maine 2019](#), Augusta, Maine. (2019).
11. Research & Evaluation Program, Public Health Division, [Health of Portland Report](#), Portland, Maine. (Oct. 28, 2019).
12. State of Maine Department of Health and Human Services, *DHHS Issues \$1 Million in COVID-19 Health Equity Improvement Initiative Awards*, <https://www.maine.gov/dhhs/blog/dhhs-issues-1-million-covid-19-health-equity-improvement-initiative-awards-2020-09-04> (accessed on Aug. 9, 2021).
13. Maine Asthma Council, [The Statewide Maine Asthma Plan](#), Augusta, Maine. (May 2010).
14. Maine Cardiovascular Health Program and Maine Diabetes Prevention and Control Program, [Preventing and Controlling Cardiovascular Disease and Diabetes in Maine: Maine Cardiovascular Health and Diabetes Strategic Plan 2011-2020](#), Augusta, Maine. (June 2011).
15. Government Alliance on Race & Equity, *Where We Work*, <https://www.racialequityalliance.org/where-we-work/jurisdictions/> (accessed on Aug. 9, 2021).
16. Robbie Feinberg and Charlie Eichacker, “[Maine CDC Reestablishing Health Equity Office After Pandemic Reveals Stark Racial Disparity](#),” *Maine Public Radio* (April 6, 2021).
17. City of Portland, *County Health Assessments*, <https://www.portlandmaine.gov/353/County-Health-Assessments> (accessed on Aug. 9, 2021).
18. 2021 Maine Statutes (LD 274), Resolve, Directing the Maine Health Data Organization to Determine the Best Methods and Definitions to Use in Collecting Data to Better Understand Racial and Ethnic Disparities in the Provision of Health Care in Maine. Accessed at https://mhd.o.maine.gov/_boardMtngItems/LD%20274%20Race%20and%20Ethnicity.pdf
19. Maine Quality Forum, [Public Law, Chapter 244 2021 Annual Report: Primary Care Spending](#), Augusta, Maine. (Feb. 26, 2021).

20. Maine Quality Forum, *Frequently Asked Questions*, https://mhdo.maine.gov/faqs_data.html (accessed on Aug. 10, 2021).
21. Kaiser Family Foundation, *Status of State Medicaid Expansion Decisions: Interactive Map*, San Francisco, Calif. (Aug. 10, 2021).
22. Giovannelli, Justin, JoAnn Volk and Kevin Lucia, *States Work to Make Individual Market Health Coverage More Affordable, But Long-Term Solutions Call for Federal Leadership*, The Commonwealth Fund, New York, N.Y. (Jan. 15, 2020). See also: State of Maine Department of Professional and Financial Regulation, *State of Maine Executive Summary and Application for Waiver Under Section 1332 of the Patient Protection and Affordable Care Act*, Augusta, Maine. (May 9, 2018).
23. L.D. 1611, An Act to Support Universal Health Care, House of Representatives, 2020 Second Special Session, (2020 Maine). Accessed at https://legislature.maine.gov/legis/bills/bills_129th/billtexts/HP116301.asp
24. Centers for Medicare & Medicaid Services, *Continuous Eligibility for Medicaid and CHIP Coverage*, <https://www.medicare.gov/medicaid/enrollment-strategies/continuous-eligibility-medicare-and-chip-coverage/index.html> (accessed on Aug. 10, 2021).
25. Maine Equal Justice, *Immigrant Eligibility for MaineCare*, Augusta, Maine. (n.d.)
26. City of Portland, *The Affordable Care Act: Access to Health Care for Immigrants and Refugees*, Portland, Maine. (Aug. 29, 2014).
27. Maine Department of Human Services, *Maine Rx Plus: Healthy Savings on Prescription Drugs*, Augusta, Maine. (n.d.)
28. Gifford, Kathleen, et al., *A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020*, Kaiser Family Foundation, San Francisco, Calif. (Oct. 18, 2019).
29. Mahadevan, Roopa, and Rob Houston, *Supporting Social Service Delivery through Medicaid Accountable Care Organizations: Early State Efforts*, Center for Health Care Strategies, Hamilton, N.J. (Feb. 11, 2015).
30. State of Maine Department of Health and Human Services, *Policy Waivers*, <https://www.maine.gov/dhhs/oms/about-us/policies-rules/policy-waivers> (accessed on Aug. 10, 2021).
31. ConnectMaine, *About ConnectMaine*, <https://www.maine.gov/connectme/about#:~:text=The%20ConnectMaine%20Authority%20is%20a,and%20helping%20their%20communities%20thrive>. (accessed on Aug. 10, 2021).
32. 2020 Maine Statutes (Chapter 93) Advanced Technology Infrastructure. Accessed at https://www.maine.gov/connectme/sites/maine.gov.connectme/files/inline-files/statute_2020.pdf
33. ConnectMaine, *State of Maine Broadband Action Plan*, Augusta, Maine. (January 2020).
34. Lauren Harrison, *ConnectMaine Expands Affordable Broadband Across the State*, <https://www.govtech.com/workforce/connectmaine-exapands-affordable-broadband-across-the-state.html> (accessed on Aug. 11, 2021).
35. 2019 Maine Statutes (LD 1263) An Act Regarding Telehealth. Accessed at <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0383&item=3&num=129>
36. State of Maine Department of Professional & Financial Regulation, *Insurance Emergency Response Order: Coronavirus Public Health Emergency: Supplemental Order Regarding Remote Delivery of Health Services*, Augusta, Maine. (March 20, 2020).
37. An Act Regarding Telehealth (2019).
38. Think Cultural Health, *Tracking CLAS*, <https://thinkculturalhealth.hhs.gov/clas/clas-tracking-map> (accessed on Aug. 10, 2021).
39. NASHP, *How States Collect, Report, and Act on COVID-19 Race and Ethnicity Data*, Washington, D.C. (July 2, 2021).
40. Post-enrollment verification is a process whereby states determine Medicaid eligibility based on the information provided in the application and compare the self-attested information to electronic data sources and request verification documents (if necessary) *after* enrolling the individual. This allows states to quickly enroll individuals in

need of medical coverage. See: [State Medicaid Changes Can Improve Access to Coverage and Care During and After COVID-19 Crisis | Center on Budget and Policy Priorities \(cbpp.org\)](#)

41. Schubel, Jessica, and Jennifer Wagner, [State Medicaid Changes Can Improve Access to Coverage and Care During and After COVID-19 Crisis](#), Center on Budget and Policy Priorities, Washington, D.C. (Sept. 9, 2020).
42. Kaiser Family Foundation, [Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19](#), San Francisco, Calif. (July 1, 2021).
43. Maine Department of Health and Human Services, [Emergency MaineCare Benefit Covers COVID-19 \(Coronavirus\) Testing and Treatment](#), Augusta, Maine. (May 19, 2020).
44. State of Maine Department of Professional and Financial Regulation, [Bulletin 453: State Epidemiologist's Standing Order for COVID-19 Testing](#), Augusta, Maine. (Sept. 22, 2020).
45. State of Maine Department of Professional and Financial Regulation, [A Consumer Guide to Insurance Provisions and Resources in Maine During the COVID-19 \(Coronavirus\) Crisis](#), Augusta, Maine. (April 2, 2021).
46. Kaiser Family Foundation, [State COVID-19 Data and Policy Actions](#), San Francisco, Calif. (Aug. 2, 2021).
47. State of Maine, *Keep Maine Healthy*, <https://www.maine.gov/covid19/keepmainehealthy/testing> (accessed on Aug. 10, 2021).



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