



*Strategic solutions for Maine's health care needs*

## **2006A Grants Round**

Request for Proposals (RFP): Issued May 3, 2006

### **Promoting Medication Assistance: *Strengthening and Expanding Maine's Safety Net***

Maine Health Access Foundation  
150 Capitol Street, Suite 4  
Augusta, ME 04330  
(207) 620-8266  
(866) 848-9210 (Toll-Free)  
(207) 620-8269 (Fax)  
[www.mehaf.org](http://www.mehaf.org)

#### **RFP Contacts for Questions:**

For RFP instructions and logistics please contact Catherine Luce, Grants Associate, (207) 620-8266 x104 or [cluce@mehaf.org](mailto:cluce@mehaf.org).

For RFP content and to discuss project proposals please contact Kim Crichton, Program Officer, (207) 620-8266 x103 or [kcrichton@mehaf.org](mailto:kcrichton@mehaf.org).

## **Summary Page**

### **Overview of the Grant Application Process:**

- RFP released on or about May 3, 2006;
- Bidders' Conference and Technical Assistance Workshop on May 23, 2006 from 10:00 a.m. to 4:00 p.m. at the Best Western Black Bear Inn in Orono OR May 24, 2006 from 10 a.m. to 4:00 p.m. at the Sheraton South Portland Hotel. For detailed information and registration, visit the MeHAF website at [www.mehaf.org](http://www.mehaf.org);
- All applicants must discuss their project with Kim Crichton, Program Officer, before submitting a proposal. Contact Kim at (207) 620-8266 x103 or [kcrichton@mehaf.org](mailto:kcrichton@mehaf.org) to arrange an appointment;
- Full proposals must be postmarked by June 30, 2006. Please note proposals must be received by MeHAF within five (5) working days of the postmark date;
- A site visit may be requested in July or August, 2006;
- Grant awards announced on or about September 15, 2006; and
- Grant Period: October 1, 2006 – September 30, 2009. Please note that second and third year funding is not automatic. All second and third year funding is dependent on acceptable performance the preceding year.

### **Overview of the Project Focus and Funding Parameters:**

MeHAF will award up to \$250,000, allocated over three years, to successful applicants to help Maine's uninsured and medically underserved (1) apply for state and federal programs, as well as private programs that provide free or low-cost medications, and (2) receive medication care management and patient education.

MeHAF has allocated approximately \$1 million to begin the initiative in 2006. Project support will be offered for three years. To ensure sustainability at the conclusion of the three-year project period, the proportion of MeHAF support towards the total project budget must decrease in years two and three.

Because organizations and projects may be in varying stages of development, this RFP will support initial implementation, significant project improvements, and/or significant project expansions. Preference will be given to highly collaborative projects that include a range of safety-net organizations from different health systems, social service organizations, and state and community agencies. The most competitive projects will build on existing knowledge and experience, utilizing available technology to streamline eligibility screening, professional referrals and patient education in a manner that comprehensively addresses an individual's needs and circumstances.

### **Organizational Eligibility:**

Partnerships must apply through a lead 501(c)(3) tax-exempt charitable organization, governmental or other public, non-profit entity. Individuals, fiscal sponsorships, organizations with pending 501(c)(3) status, and private foundations are ineligible.

## **The Maine Health Access Foundation's Priority**

*The mission of the Maine Health Access Foundation is to promote affordable and timely access to comprehensive quality health care, and improve the health of every Maine resident.* MeHAF is a mission-driven and results-oriented organization that uses grants and other program support to advance strategic solutions to Maine's health care needs, particularly for persons who are uninsured and medically underserved.

In 2005, the MeHAF Board of Trustees outlined new funding priorities for the Foundation's grantmaking. This RFP furthers MeHAF's new strategic short term priority of *strengthening and expanding the quality, capacity, efficiency, service capabilities and reach of Maine's health care safety net providers.*

### **Rationale and Supporting Data for Promoting Medication Assistance:**

Health care costs in Maine and the US continue to increase at unsustainable rates with the rising cost of pharmaceuticals as one of the leading factors driving cost increases. The high cost of medication is also a significant barrier to improved health for people who are uninsured and underinsured. Helping low-income or uninsured Maine people access free or low-cost medications and medication management is a strategy that improves access, enhances the quality of care, and minimizes out-of-pocket costs for Maine's most vulnerable people.

Data show:

- The share of total health care costs spent on prescription drugs almost doubled between 1994 and 2004, moving from 5.6% to 10% of US health care spending<sup>i</sup>, contributing 14.7% of total spending growth<sup>ii</sup>. The increase in drug spending is attributed to a combination of greater utilization, changes in the mix of drugs used (from older to newer drugs) and manufacturer price inflation of existing drugs<sup>iii</sup>;
- Maine health care expenditures are higher than the national median, with Maine people spending 15% of total health care costs on drugs and other non-durables<sup>iv</sup>;
- More than a third (37%) of uninsured people did not fill a prescription because of cost. Persons who are uninsured are also less likely to receive preventive care and more likely to be hospitalized for avoidable conditions<sup>v</sup>. In 2002, 136,000 Maine people were uninsured; thousands more were insured only part of the year<sup>vi</sup>;
- Nationally, 29% of adults stated they, or someone in their household, had skipped a medical treatment, cut pills in half, or failed to fill a prescription in the past year because of cost<sup>vii</sup>;
- In Maine, 34% of MaineCare members had difficulty or were unable to fill a prescription. The vast majority of these members stated that the drug prescribed to them was not on the preferred drug list<sup>viii</sup>;
- Prior to Medicare Part D, seniors without drug coverage reported rates of forgone medication two to three times higher than their peers with drug coverage<sup>ix</sup>; and

- In 2002, pharmaceutical companies' patient assistance programs (PAPs) served 5.5 million patients, donating \$2.3 billion in medications to patients in need<sup>x</sup>. While the applications for these programs challenge both patients and providers, outside of state pharmacy assistance programs, these programs are currently the primary source of free or low-cost drugs for the uninsured<sup>xi</sup>.

### **Responding to Challenges to Maine's Safety Net:**

To help frame MeHAF's strategy to strengthen Maine's health care safety net, MeHAF contracted with John Snowe, Inc. (JSI) to describe Maine's safety net and outline the current issues that challenge organizations' core mission of providing care for the uninsured and underserved across the State. The JSI analysis is available in PDF format on the MeHAF website at <http://www.mehaf.org>. Key recommendations to the Foundation included working to achieve greater integration among components of the safety net and supporting capacity development through new safety net providers and enhanced capabilities among current providers<sup>xiii</sup>. Additionally, in meetings of Maine safety net providers convened by MeHAF, organizations noted that:

- Access to free or low-cost drugs is one of the greatest unmet patient needs;
- Medication costs pose a significant financial barrier to patients and the organizations that strive to provide affordable pharmaceuticals;
- Most organizations are currently trying to assist patients with medication needs without formal structures or financial support to develop such programs; and
- Systems that track and streamline applications to patient assistance programs as well as state and federal eligibility programs hold the potential to greatly increase health care providers' capacity to meet patient needs, and decrease the out-of-pocket drug costs for uninsured and low-income patients and the organizations that serve them.

This RFP strives to overcome such barriers by offering grant funding and technical support to safety net providers and their collaborators. MeHAF will support projects that assist patients with accessing affordable medications through a range of private and public programs as well as medication management. Competitive proposals will bring together collaborating organizations in ways that will comprehensively assess and meet patient needs.

## **The Application Process**

### **Bidders' Conference and Technical Assistance Workshop**

May 23, 2006 from 10:00 a.m. to 4:00 p.m. at the Best Western Black Bear Inn in Orono  
 May 24, 2006 from 10:00 a.m. to 4:00 p.m. at the Sheraton Tara Hotel in South Portland

Prospective applicants are strongly encouraged to attend the Bidders' Conference and Technical Assistance Workshop which will include:

- Presentations by innovative pharmacy projects about their models and the technology used to improve quality and maximize capacity;
- A discussion of the role care management support systems play in patient education;

- Presentation on hosting an AmeriCorps\* VISTA member as part of the project; and
- A review of current programs that provide free or low-cost drugs.

### **Special Opportunity to Apply for a Full Time / Full Year AmeriCorps\* VISTA Member**

AmeriCorps\*VISTA (Volunteers In Service To America) is a forty year-old national service program dedicated to eliminating poverty. Modeled after the Peace Corps, AmeriCorps\*VISTA Members serve full time for an entire year to strengthen a community's capacity to address poverty related challenges.

The UMaine Center on Aging, AmeriCorps\*VISTA Project places VISTA members with Maine organizations focused on meeting the needs of low income seniors. One way this project seeks to reduce poverty is by increasing seniors' knowledge of, and access to, prescription assistance programs. The UMaine Center on Aging and MeHAF are partnering to leverage these compatible opportunities in one grant application process.

Organizations that can benefit from a full time, full year VISTA member focused on project sustainability and capacity building are invited to complete the VISTA work-plan section of this RFP (pages 10-11).

Participation in this VISTA project does require a \$1,200 cost share match on the part of the host organization. Applicants should include this match in the "provided by applicant" or the "provided by other sources" portion of the budget proposal. MeHAF funding will not support the cost share match for hosting a VISTA member.

The Bidders Conference and Technical Assistance Workshop will include a presentation by staff from the UMaine Center on Aging AmeriCorps\*VISTA Project. This presentation will address developing a strong VISTA work plan and responsibilities of hosting a VISTA member.

### **Discussing the Proposed Project with the Foundation**

All applicants must discuss their proposed project with Kim Crichton, MeHAF Program Officer before submitting an application. Contact Kim at (207) 620-8266 x103 or [kcrichton@mehaf.org](mailto:kcrichton@mehaf.org) to arrange an appointment. The purpose of these discussions is to strengthen proposed projects and to avoid duplicative or conflicting proposals.

Projects that advance a comprehensive, statewide, strategic plan to 1) help patients apply for state and federal programs, as well as private programs that offer free or low-cost medications and 2) provide medication care management and patient education may be eligible for a higher level of grant support that is appropriate for a statewide systemic strategy. Applicants meeting these criteria should talk to Kim about applying for a Foundation Initiated Grant when discussing your project.

### **Proposals Postmarked by June 30, 2006**

Note proposals must be received by MeHAF within five (5) working days.

## **Proposal Requirements**

The complete list of *all* submission requirements can be found on page 12 in the section titled “Submission Requirements”.

### **Formatting:**

1. Proposals may not exceed six pages in length with no more than one additional page of references or endnotes. This page limit does not include the grant summary form, budget, and budget justification, Americorps\*VISTA sponsor application, and all required attachments (listed on pages 11-12).
2. Full proposals must be submitted on 8 ½ x 11 sheets (one side only) with margins of at least ¾ inch on all sides and in a type face no smaller than 11 points.
3. Proposals may be single or double spaced. Each page of the proposal and project budget must include a header in the upper right-hand corner with the organization’s name and page number.

### **Content Requirements:**

Proposals will be evaluated using a scoring matrix of 100 points. Maximum points will be awarded in each section for presenting required information and evidence thoroughly and persuasively.

1. Grant summary form (not scored): Complete the grant summary form that can be downloaded from our website at [www.mehaf.org](http://www.mehaf.org).
2. Agency or Organization Description (not scored): Briefly describe the agency applying, including the mission statement, services, and the population the agency typically serves.
3. Project Description:
  - A. *Needs Statement and Target Population (15 points)*: Clearly describe the medication access problems or needs that your project will address. Describe the population(s) to be served, including relevant factors such as age, location, economic, insurance status, health status, cultural and ethnic characteristics. Who is affected, how they are affected, and what are the key factors contributing to the problem? *Note that MeHAF’s primary focus is addressing the health needs of Maine’s uninsured and medically underserved.*

*Work Plan (40 points total)*: In a brief narrative, discuss the activities you propose to undertake, and how the activities relate to the identified needs and target population(s). Because projects and collaborative agreements may be in varying stages of development, this RFP will support initial implementation, significant project improvements, and/or significant project expansions. Competitive proposals will significantly improve on current activities, moving toward a well

integrated, comprehensive approach that best addresses an individual's needs and circumstances.

Include a brief timeline (chart or narrative) of the project's key activities that explains which organizations will be responsible for various tasks (including key staff) and how all collaborating organizations will work together as a team.

If the applicant plans to apply for placement of a VISTA member to aid the work of the partnership, please complete the requirements outlined on pages 10-11.

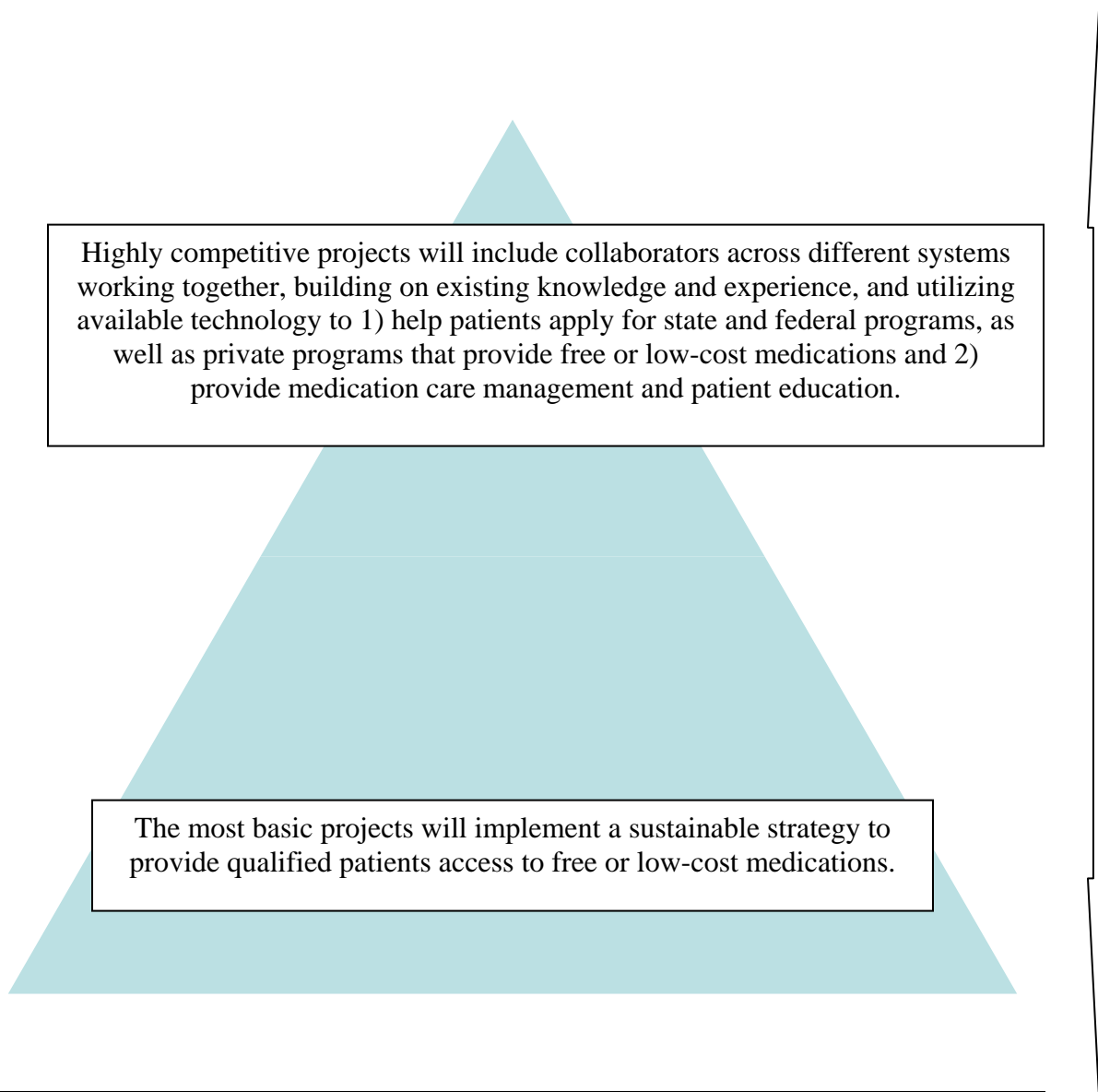
The Foundation *encourages* applicants to consider a number of vital components that have shaped successful and sustainable medication assistance projects in Maine and around the county. Ideally, projects will include or be working towards a comprehensive approach that 1) offers comprehensive eligibility screening for state and federal programs, as well as private programs that provide free or low-cost drugs *and* 2) improves patient education and medication management. Key components include:

- i) Using a database software tool that allows applications for pharmaceutical companies' patient assistance programs to be filled, re-filled, and tracked efficiently (training and education related to the use of this software must also be included as well). *Preference will be given to projects that offer comprehensive eligibility screening using screening systems, software and/or web-based tools that allow patients to be screened for state and federal eligibility programs such as MaineRx Plus and MaineCare;*
- ii) Having a dedicated staff person who works with patients and providers to complete eligibility applications. The most successful projects acknowledge that determining eligibility for medication assistance requires training and specialized skills to remain current with changes in private and public programs;
- iii) An integrated, streamlined process to assure that both physicians and patients complete and sign multiple prescription assistance program applications;
- iv) Care management support systems to assure that patients receive education about their medications, the problem of any contra-indicated drugs and/or the problem of having multiple doctors prescribing drugs for a patient. Additionally, care management should address relevant formulary restrictions (ePocrates is a free tool available online to help streamline these processes);
- v) A patient-centered outreach plan to promote the program in the communities served by the project; and
- vi) Membership in a medication collaborative. Applicants can join existing collaboratives or they can present a detailed plan on how they will create their

own collaborative to learn from others' experiences and keep up with ongoing changes in program eligibility requirements.

### General Project Guidance

**LARGER BUDGET**



**SMALLER BUDGET**

- B. *Collaboration and Integration (20 points):* Competitive proposals will include organizational and/or individual project champions with significant buy-in from a variety of collaborating organizations (within and between medical providers, social service providers, and state and community agencies) that serve the target population. Describe how the project builds on existing infrastructure and how the

project will address the identified needs with a patient-centered approach. Explain how the project will improve and expand linkages, and how the project complements, but does not duplicate, existing activities. List key collaborators and describe their roles. Include detailed letters of commitment that outline the collaborating institution's specific role, the resources they will commit to the project, and the duration of their involvement.

- C. *Sustainability (10 points)*: Explain how the project will be sustained in years two and three with the reduction in MeHAF support, and how the project will be sustained beyond the term of this grant. If the project proposal includes an application for a VISTA volunteer position, please explain how that application supports the long-term plan for sustainability.
- D. *Evaluation (5 points)*: A contract requirement of all funded partnerships will include the project director's attendance at quarterly MeHAF-convened medication assistance meetings to discuss more comprehensive long term policy, regulatory and fiscal opportunities to improve Maine's innovative pharmacy projects. A second contract requirement will include the project director collecting and sharing key project measures for analysis and comparison by an outside evaluator who will work with all funded partnerships to evaluate individual projects as well as the initiative as a whole. Data collection will include, but not be limited to, measures like the number of patients served and the number of applications submitted. Wherever possible and in compliance with HIPPA regulations, the evaluation may also include tracking utilization of health services and/or patient health outcomes.
4. Project Budget (10 points): MeHAF will award up to \$250,000, allocated over three years, to successful proposals. Applicants seeking the maximum level of support over the three years must demonstrate strong cross sector collaborations with an appropriate sharing of grant resources among lead organizations. Budget requirements include:
- A budget narrative not to exceed two pages. The budget form and the budget narrative are excluded from the six page proposal limit;
  - A line item budget using MeHAF's budget form available at [www.mehaf.org](http://www.mehaf.org);
  - Over the three year period, the proportion of the total project budget funded by MeHAF must decrease by 15% each year to insure projects develop a realistic plan for sustainability beyond the project period;
  - A minimum level of cash or in-kind support for each project year. The minimum required amount is based on the size of an organization's annual budget and the amount of the overall project budget (see chart on the next page);

MeHAF Grant Match Requirement	
Size of Organization's Budget	Proportion of Total Project from Cash or In-kind Support
≤ \$250,000 - \$1 million	5%
\$1 million - \$5 million	10%
\$5 million - \$10 million	15%
≥ \$10 million	20%

- MeHAF will accept any combination of cash and/or in-kind support to meet the match requirement;
- A cash match may be drawn from general operating funds or complementary grants received from other sources for the proposed project;
- The in-kind match may be derived from contributions to the project in forms other than cash (such as employee time or supplies) supplied by the applicant or key project collaborators.

5. AmeriCorps\*VISTA Sponsor Application (optional, and not included in the six page maximum) AmeriCorps\*VISTA members (VISTAs) are people assigned full time to your organization for one full calendar year. The primary mission of AmeriCorps\*VISTA is to *strengthen the community's efforts to eliminate and alleviate poverty*. The intent of this anti-poverty government program is to assist host organizations/agencies in developing programs that will eventually become sustainable without the support of a VISTA. VISTA members are *not* to be in positions that *primarily provide direct service to clients*.

**Common VISTA Activities Include:**

- Outreach to seniors;
- Raising resources through grant writing and fund raising;
- Developing appropriate training and educational materials;
- Strengthening collaborative organizational partnerships;
- Conducting public relations campaigns;
- Development of systems and infrastructure for delivery of services;
- Designing new programs or services;
- Program assessment and evaluation; and
- Recruiting and managing volunteers;

**VISTA Work Plan**

- A. Utilizing the list from above, identify the capacity building activities that would make up the proposed VISTA position, and briefly describe these activities within the context of your organization.
- B. List the skills and qualifications required for your proposed VISTA assignment.

### **Program Management and Organizational Capacity to Support a VISTA Member**

- A. Address your organization's capacity to supervise and support a VISTA member. Include descriptions of anticipated workspace, supervisor availability, and other important resources necessary for the successful accomplishment of project goals.
- B. If the proposed VISTA supervisor has been identified, describe any previous experience he or she has in supervising AmeriCorps\*VISTA members, or staff.
- C. If your organization is currently receiving other Corporation for National and Community Service resources (AmeriCorps, RSVP, VISTA, Senior Corps, Learn and Serve, etc.), specify which programs and the nature of the resources.
- D. Indicate any factors the UMaine Center on Aging should be aware of when recruiting a disabled AmeriCorps\*VISTA member for this project, such as availability of transportation and housing, accessibility of facilities, etc. Indicate whether services to be provided are accessible to the disabled members of the community.

### **2006A Grant Application Attachments:**

Required attachments for complete proposals are listed below. Please do not send any additional information.

1. A diskette or CD with the grant summary form, proposal narrative, project budget, and budget justification. All documents must be in IBM format. Please include the name of your organization in all document titles.
2. Your organization's Board of Directors list with their affiliations.
3. A copy of your final determination of 501(c)(3) status or equivalent letter from the IRS. Please note that the Foundation will not fund organizations that are in the process of applying for 501(c)(3) status or equivalent
4. Large institutions must submit their most recent audited financial statement. Small institutions that do not conduct audits may submit their most recent 990 and an unaudited financial statements.
5. Organizations must include a copy of their non-discrimination policy and two written statements (these two statements may be submitted as one document on appropriate letterhead):
  - a. A copy of the organization's non-discrimination policy, which must verify that the organization does not discriminate on the basis of race, ethnicity, gender, sexual orientation, disability, national origin, political affiliation or religious belief. Please note that this is a more stringent standard than that currently required by the federal government;
  - b. A statement that approval for the project has been sought and obtained by the applicant's institutional review board (IRB) or that such approval is not required for the project; and
  - c. A statement that rigorous confidentiality procedures shall be maintained during the implementation of the project with regard to patients' medical records, consistent with HIPPA, all other applicable state and federal regulations.
6. Detailed letters of commitment from each key institution collaborating on your project. These letters must include specific descriptions of the institution's role in the project, the

resources each will commit to the project, and the period of time over which the partner(s) will be involved.

### **Submission Requirements:**

1. Submit one original and four copies with the component documents in the following order.
  - a. **Grant summary form**
  - b. **Proposal narrative**
  - c. **Project budget and justification**
  - d. **AmeriCorps\*Vista sponsor application** (*optional, and not included in the six page maximum*)
  - e. **Letters of commitment**
  - f. **Final 501(c)(3) determination letter**
  - g. Statements of nondiscrimination, IRB approval and confidentiality
  - h. Board of Directors list
  - i. Financial statement/990
  - j. Press articles (optional)

Copies should include only items a–f (in **bold** above).
2. Securely fasten the original documents with a binder clip or the equivalent, but do not staple originals. Copies should be stapled.
3. Label the diskette with your organization name and project title, and place in the envelope with the proposals.
4. Submit by regular mail, overnight courier, or by hand to the Maine Health Access Foundation, 150 Capitol Street, Suite 4, Augusta, ME 04330. All proposals and related documents must be postmarked by June 30, 2006. Deliveries by hand must be received in person by a Foundation staff member by 4:30 p.m. on June 30, 2006. Submissions will not be accepted electronically or by fax.

### **Application Review Process:**

The Maine Health Access Foundation is committed to a thorough and fair review of concept letters and applications. The Foundation has strict and comprehensive conflict of interest policies regulating the participation of its staff, Trustees, Community Advisory Committee (CAC) members, and external reviewers, in the Foundation's funding decisions. This policy also assures an impartial and rigorous process by including a significant number of qualified individuals in funding decisions.

Each proposal will receive four independent scores, two from content experts and two from MeHAF program staff. Full proposals, ranked by cumulative reviewer score, will be presented to the Foundation's Grants Committee. The Grants Committee carefully reviews all scoring and written recommendations, and develops a slate of grants that are forwarded to the Board of Trustees for final consideration.

Applications that include a request for an AmeriCorps\*VISTA placement will also be reviewed by staff from the Corporation for National and Community Service. However, they will only be evaluating the proposal as it relates to the AmeriCorps\*VISTA application.

**Applicant Notification:**

Applicants will be notified of the Foundation's decision on or about September 15, 2006. The initial funding year will be October 1, 2006 – September 30, 2007.

**Grant Management:**

Grantees will be required to sign the Foundation's standard grants contract. Under some circumstances, the Foundation will consider modifying contract terms to meet grantee requirements.

The Foundation is committed to keeping its reporting and funding requirements to a minimum. However, in order to maximize the impact of this funding opportunity the Foundation will require:

- The project director to collect relevant project data as described on page 9 and work closely with an outside evaluator who will conduct an individual and group evaluation of all funded applicants and the work of the medication assistance stakeholder group;
- The project director to attend quarterly MeHAF-convened medication assistance meetings to discuss more long term, comprehensive policy, regulatory and fiscal opportunities to improve Maine's innovative pharmacy projects;
- Narrative and financial reports to the Foundation once a year during the funding period;
- Attendance at a kick-off meeting that will include an opportunity to share effective strategies and learn from the diversity of funded projects and strategies; and
- In some cases, the Foundation may make additional requests or requirements of grantees.

The Foundation may offer or sponsor other activities of interest to grantees. Participation in these events will generally be optional.

**Questions:**

The Foundation staff are always available to grantees to answer questions or to try and provide additional assistance if it is needed.

For RFP instructions and logistics please contact Catherine Luce, Grants Associate, (207) 620-8266 x104 or [cluce@mehaf.org](mailto:cluce@mehaf.org).

For RFP content and to discuss the proposal prior to submission, please contact Kim Crichton, Program Officer, (207) 620-8266 x103 or [kcrichton@mehaf.org](mailto:kcrichton@mehaf.org).

## Application Checklist

Attend Pharmacy Partnership Bidders' Conference on May 23, 2006 in Orono OR on May 24, 2006 in South Portland

Pre-submission Discussion with Kim Crichton, Program Officer

### Full Proposal

- Must be postmarked by June 30, 2006.
- Five sets (one original and four copies). Please clip the original. Copies should be stapled.
- Original contains in order:
  - Grant summary form**
  - Proposal narrative (6 pages maximum)**
  - Project budget and justification**
  - AmeriCorps\*Vista sponsor application (optional, and not included in the six page maximum)**
  - Letters of commitment**
  - Final IRS 501(c)(3) determination letter**
  - Statements of nondiscrimination, IRB approval, and confidentiality
  - Board of Directors list
  - Financial statement/990
- Copies contain first six **bolded** items only (Grant summary form through Statements).
- Diskette or CD (IBM not Mac) with the grant summary, proposal narrative, budget and budget justification. Label the diskette with the organization name and grant number, and place it in the envelope with the proposals.
- Submit by regular mail, overnight courier, or by hand.
  - Deliveries by hand must be received in person by a Foundation staff member no later than 4:30 p.m. on June 30, 2006.
  - Submissions will not be accepted electronically or by fax.
- Submit to:  
Maine Health Access Foundation  
150 Capitol Street, Suite 4  
Augusta, ME 04330

- 
- <sup>i</sup> Kaiser Family Foundation, “Trends & Indicators in the Changing Health Care Marketplace, Section 1, Health Care Spending and Costs, Including Prescription Drugs,” [www.kff.org/insurance/7031/print-sec1.cfm](http://www.kff.org/insurance/7031/print-sec1.cfm) (April 29 2004): 5.
- <sup>ii</sup> *Ibid.*, 7.
- <sup>iii</sup> *Ibid.*, 19.
- <sup>iv</sup> “Making Maine the Healthiest State – Maine’s State Health Plan” (2006): 24.
- <sup>v</sup> The Kaiser Commission on Medicaid and the Uninsured, “The Uninsured and Their Access to Health Care,” [www.kff.org/uninsured/upload/The-Uninsured-and-Their-Access-to-Health-Care-Fact-Sheet-6.pdf](http://www.kff.org/uninsured/upload/The-Uninsured-and-Their-Access-to-Health-Care-Fact-Sheet-6.pdf) (November 2005).
- <sup>vi</sup> E. Ziller and E. Kilbreth, “Health Insurance Coverage Among Maine Residents, The Results of a Household Survey 2002,” Institute for Health Policy, Muskie School of Public Service, University of Southern Maine (May 2003): 1.
- <sup>vii</sup> J. Appleby, “Even the Insured Can Buckle Under Health Care Costs” *USA Today*, <http://www.usatoday.com/money/industries/health/health-care-crunch-digest.htm?LOC=vanity> (August 30 2005).
- <sup>viii</sup> Penquis Community Action Program and York County Community Action Corporation, “Conversations with Real People: Accessing Quality MaineCare Services,” [www.penquiscap.org](http://www.penquiscap.org), (November, 2005): 8.
- <sup>ix</sup> D. Safran et al., “Prescription Drug Coverage And Seniors: How Well Are States Closing the Gap?,” *Health Affairs*, Web Exclusive (July 31 2002): W261.
- <sup>x</sup> The Kaiser Commission on Medicaid and the Uninsured, “Threadbare: Holes in America’s Health Care Safety Net,” [www.kff.org/uninsured/upload/Threadbare-Holes-in-America-s-Health-Care-Safety-Net-report.pdf](http://www.kff.org/uninsured/upload/Threadbare-Holes-in-America-s-Health-Care-Safety-Net-report.pdf) (November 2005): 15.
- <sup>xi</sup> *Ibid.*, 15-16.
- <sup>xii</sup> John Snow Inc., “State of Maine, Primary Care Safety Net Environmental Scan,” <http://www.mehaf.org/default.asp?znews=1006&nf=1>, (February 2006).