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To whom it may concern,

I am writing to comment on the legislation being considered in the Maine legislature under LD 1890. I appreciate and support the efforts to improve these laws.

Adjusting Certificate of Need (CON) laws by increasing the capital expenditure minimums to \$5,000,000 is a welcome step in the right direction. However, it ultimately will not solve the problems caused by the certificate of need regulations in Maine. I am concerned these changes will fail to address the issue of patient and physician access to surgery.

CON laws are anti-competitive, and they are directly increasing healthcare costs while reducing access for patients in the state of Maine, especially in rural areas. Indeed, it could be said that CON laws are worsening the problems they purport to address.

Moreover, independent physicians are largely excluded from the established surgical spaces available in Southern Maine. This makes it incredibly difficult for independent surgeons to open a practice in this part of the state. There is a dire need for the state of Maine to alter the CON laws to improve the attractiveness of our state for drawing practicing physicians with novel patient care models that improve patient access and decrease costs.

Removal of CON laws in Maine would allow multiple specialties of physicians to collaborate and create ambulatory surgical centers (ASCs). Because facility fees are lower in ASCs compared to hospitals, this would directly increase access and lower costs for patients and payors.

Nationally, it has been found that states with CON laws have 20.6% higher per capita hospital expenditures. Additionally, states that repeal CON laws have experienced 5.5% decrease in hospital charges at five years after repeal¹. Repealing the CON laws in Maine would unleash a competitive market in the state of Maine allowing for lower costs and better access for patients.

¹ <https://ij.org/report/striving-for-better-care/overwhelming-evidence-shows-that-con-laws-lead-to-higher-health-care-spending/#:~:text=CON%20laws%20are%20associated%20with,total%20spending%20is%20theoretically%20ambiguous>.

In my own personal experience as an independent specialty physician, gaining surgical access was quite a struggle. One reason that multiple hospitals gave me as to why they would not grant access to surgical resources was the lack of availability of those resources to meet the needs of existing patients seen by hospital employed surgeons, let alone independent providers. Now, I find it contradictory that some of those same institutions will legally quell any new surgical facilities from being developed, under the assertion that there are already ample resources to meet the needs of all the patients according to the stipulations of CON laws. The results of this double standard are less specialized surgeons and surgical services, longer waits for care access, and higher costs in a quasi-monopolized system.

Additionally, after an initial review, there should be measures to adjust for inflation annually. Currently, this would not affect small practices, but unadjusted for inflation this could subject every small medical practice to a state review prior to changing ownership in the future. This would unintentionally disincentivize providers from starting small practices.

Finally, in an effort to incentivize medical investment and access to care in underserved areas, it would be beneficial to consider applying different regulatory metrics according to county population and median income.

I appreciate your time in reviewing my comments, and I also want to thank you for attempting to improve the regulations for medical practitioners in the state of Maine. If you have any additional questions, I would be happy to discuss further.

Regards,

A handwritten signature in black ink, appearing to read "Romeo A. Lucas".

Romeo A. Lucas, DO, DC, FACOG