



Testimony of Ross Connolly
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To the Joint Standing Committee on Health Coverage, Insurance, and Financial Services
January 7, 2026

RE: Americans for Prosperity Support of L.D. 1890 - An Act to Facilitate the Development of Ambulatory Surgical Facilities by Increasing the Monetary Threshold for Certain Facilities from the Requirement to Obtain a Certificate of Need and to Index the Threshold Annually Thereafter

Dear Chair Bailey, Chair Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

On behalf of Americans for Prosperity, a nationwide grassroots advocacy organization dedicated to breaking down barriers to opportunity and empowering patients with greater choice and access to quality health care, I respectfully submit this testimony in strong support of **L.D. 1890**.

First, we commend the work of the *Commission to Evaluate the Scope of Regulatory Review and Oversight Over Health Care Transactions That Impact the Delivery of Health Care Services in the State*, and we appreciate the significant time and effort its members have devoted over the past several months. The Commission's thoughtful examination of Maine's health care regulatory framework provides important context for reforms such as those proposed in L.D. 1890.

Decades of evidence demonstrate that Certificate of Need (CON) laws have failed to achieve their intended goals. Rather than controlling costs, CON laws often increase them by limiting competition and enabling higher prices among incumbent providers. Rather than expanding access, they can restrict new entrants into the market, resulting in fewer options and longer wait times for patients—particularly in rural areas. And rather than improving quality, CON laws prioritize regulatory hurdles over the benefits driven by competition and innovation. Outdated financial thresholds further exacerbate these issues by triggering intensive reviews for investments that no longer warrant such scrutiny. States such as California, Colorado, Arizona, Minnesota, Pennsylvania, Florida, and many others have either fully repealed CON laws or retained them only for limited purposes, such as nursing facilities.

This reform proposed in L.D. 1890 is especially timely as Maine engages with the federal Rural Health Transformation Program (RHTP) to explore innovative approaches to improving rural health outcomes, access to care, and provider sustainability. The program's focus on reimagining care delivery aligns well with efforts to reduce unnecessary regulatory barriers. By raising and indexing the CON threshold for ambulatory surgical facilities, L.D. 1890 would encourage new models of care, foster competition, and support cost management—particularly in rural and underserved areas where options are often limited.

Ambulatory surgical centers have consistently demonstrated their ability to deliver safe, high-quality care at lower costs than hospital-based settings. While the complete elimination of unnecessary CON mandates would best unlock private investment and innovation, L.D. 1890 represents a meaningful and constructive step forward. This reform is especially important for rural and underserved communities, where patients frequently face long travel distances for routine procedures due to a lack of local facilities.

We also commend Representative Foley for sponsoring L.D. 1890 and advancing this important reform. Americans for Prosperity strongly supports this legislation and urges the Committee to pass this bill as an immediate step, while continuing to explore broader CON reforms in future sessions. Maine patients deserve a health care system that prioritizes competition, innovation, and patient choice over outdated, government-imposed restrictions.

Thank you for your consideration of this testimony and for your continued commitment to improving health care access and affordability for all Mainers. I am available to answer any questions or provide additional information regarding the benefits of CON reform.

With gratitude,

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Testimony Attached