MSNA Maine State Nurses Association
National Nurses Organizing Committee
National Nurses United
OUR PATIENTS. OUR UNION. OUR VOICE.

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Testimony of Brynne O'Neal
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In Support of LD 2190, LD 2197, LD 2198, LD 2199, LD 2200, LD 2201, LD 2202
Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services
Hearing: February 18, 2026, 10:00 a.m.

Dear Chair Bailey, Chair Mathieson, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services,

On behalf of more than 4,000 registered nurses and health care professionals providing direct patient care in our state, **the Maine State Nurses Association/National Nurses United (MSNA) supports LD 2190, LD 2197, LD 2198, LD 2199, LD 2200, LD 2201, and LD 2202,** based on the recommendations of 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 (Commission). For the convenience of the Committee, we will address all of these bills in one letter. We are submitting separate testimony from Portia Judson, RN, in strong support of LD 2189.

We thank the committee for creating the Commission to discuss these important issues and thank the commissioners for their work. We participated in the Commission process through public comment.

MSNA strongly supports LD 2200 to ban noncompete agreements for health care practitioners. Noncompete agreements are exploitative contract terms that health care employers use to lock health care workers into jobs. Employers use noncompete agreements to restrain health care workers, not only from seeking other employment, but also from acting collectively to improve working conditions for themselves, their coworkers, and their patients. In some cases, noncompete agreements force health care practitioners to choose between leaving their geographic area or leaving their professional practice if they want to escape poor working conditions. This is unfair to the workers and to their patients, who lose access to their health care practitioners. Noncompete agreements, and other types of contracts that lock workers into unsafe jobs, like stay-or-pay contract provisions,[1] should not be allowed for any worker, but a ban for health care practitioners is particularly urgent.

The remaining bills will enable state agencies to protect Mainers from some of the worst entities and practices in the health care system. Unchecked corporate consolidation and health

[1] *See* American Economic Liberties Project. Better Wages and Working Conditions: How States Should Tackle Noncompete Agreements, "TRAPs," and Other Restraints On Worker Mobility. (June 2024) https://www.economicliberties.us/wp-content/uploads/2024/06/AELP-states-noncompetes.pdf.

care facility closures result in higher prices, reduced access to care, and rampant hospital and unit closures that put our patients' lives at risk. The egregious actions of private equity in other states demonstrate the need for laws to prevent these corporate raiders from shutting down Maine hospitals, raising health care prices, and endangering patients. Ultimately, MSNA supports enacting a process for state agencies to perform a comprehensive review of both mergers and health care facility and unit closures with consideration of health care access, impacts on workers, and the public interest, but these bills are a good first step.

LD 2199 would help protect the ability of health care professionals to use their professional judgment in patient care, which is essential to safe patient care. Private equity and other corporations, trying to squeeze short-term profits out of acquired health care entities, pressure health care workers to work faster and do less for their patients. Licensed health care professionals follow ethical codes that prioritize their patients and have the professional expertise to make clinical decisions in their patients' best interests. Safeguarding their ability to exercise professional judgment is crucial to safe, effective, and therapeutic patient care.

To protect all licensed health care professionals in appropriately exercising their professional judgment in the face of corporate pressure, we recommend amending LD 2199 to replace "licensed health care professional with independent practice authority" with "licensed health care professional acting within their scope of practice." Registered nurses continually face pressure from employers to spend less time with patients than their professional judgment tells them safe patient care requires. This change will ensure that registered nurses can be protected when they exercise their professional judgment to protect their patient, while making it clear that the legislature is not altering the existing limits on appropriate areas of clinical judgment for each profession.

LD 2190, 2201, 2197, and 2198 would help prevent practices that have led to hospital closures and additional harms in other states and limit the entry of some of the worst corporate actors in health care to Maine. LD 2201 would create a more comprehensive transactions review process specific to private equity companies, hedge funds, and management service organizations. LD 2190 would also add increased scrutiny of private equity to the existing certificate of need process. These types of organizations have financial structures that incentivize short-term profits over safe patient care or long-term sustainability. While MSNA supports a similar process for all health care transactions, as we have seen all types of corporations put profits over patients, we welcome starting with private equity. Similarly, LD 2197 and LD 2198 would prohibit two common, harmful private equity practices, excessive debt to equity ratios and sale and leaseback of property.

LD 2190 would also add consideration of affordability and accessibility of health care services for all residents of the state into the certificate of need process. Hospital and unit closures, among other issues, have created a crisis of health care accessibility in rural areas. DHHS could use this

consideration to add conditions to certificate of need approvals where necessary to keep hospital services open and affordable.

LD 2202 is a practical fix to help the Attorney General's office implement existing antitrust laws and protect Maine patients and health care workers from the harms of ongoing corporate consolidation in health care. It would require health care entities to notify the Maine Attorney General's office when they notify the federal government of health care mergers.

We thank the Commission for all its work and urge the Committee to support the bills based on its recommendations, LD 2190, LD 2197, LD 2198, LD 2199, LD 2200, LD 2201, LD 2202, and LD 2189.

Sincerely,

Brynne O'Neal
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