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THE MAINE SENATE
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Testimony of Senator Peggy Rotundo in support of
LD 2103, An Act Requiring Hospitals to Adopt Cybersecurity Plans
before the Joint Standing Committee on Health and Human Services
February 24, 2026

Senator Ingwersen, Representative Meyer, and esteemed colleagues on the Health and Human Services Committee, my name is Senator Peggy Rotundo. I represent Senate District 21 for the people of Lewiston, and I want to express my strong support for LD 2103, “An Act Requiring Hospitals to Adopt Cybersecurity Plans.”

I was personally impacted by the cyberattacks. Like others, I had a doctor's appointment cancelled at the last minute. When, weeks later, I was able to reschedule it, I was told that I would have to wait several months before I would be able to get an appointment. This was a minor inconvenience in the scheme of things. This situation landed much heavier, however, on those with real medical emergencies, scheduled surgeries, and routine prescription renewals – whose needs went unmet while they were unable to get through to their doctor's office.

It should not take weeks for healthcare providers to respond to patient concerns. While I have not yet received requested data on emergency room visits, I have heard anecdotally that patients inundated the ER because they were unable to get in touch with their doctor's office as a result of the communication disruption brought by the cyberattacks. A responsive triage line could have prevented this strain on emergency resources during a healthcare cyberattack. When patients are unable to call their doctors to ask for renewed prescriptions, there should be back up protocols in place to meet their needs immediately through this triage line – especially for patients who need insulin or other life-saving medications.

Further, there is a clear need for more transparent complaint protocols available to both patients and healthcare workers when concerns about quality of care arise. Most patients do not know they can file complaints with the hospital or the Department of Health and Human Services – key information that was omitted on Central Maine Medical Center's temporary website. Most of the frontline workers I talked to also were not aware that they can make anonymous complaints if they have concerns about patient care.

Finally, hospitals should be prepared and ready to leverage existing resources, such as the CDC's Medical Response Team, that can be activated during times of emergency to help alleviate the burden on healthcare staff. During the mass casualty event two years ago and the COVID pandemic,

the Maine CDC came to local hospitals' aid. They offered to do so again last spring, but CMMC declined. I understand that these are private entities. However, patient care was compromised, and I feel the Maine CDC should have been allowed to go in and help. For instance, the fetal monitoring systems were down, meaning nurses had to sit bedside to ensure vitals were stable. This is not an efficient use of a nurses' time, and the CDC told me they could have provided volunteer "bed sitters" instead.

LD 2103 is an attempt to address these concerns. I thank you for your serious consideration of the bill and the issues it seeks to address.