

Anne Perry
Calais
LD 2196

Testimony in Opposition to LD2196

Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee.

My name is Anne Perry. I reside in Calais, Maine, located in Washington County. I am a former member of the House of Representatives, where I served during the 121st through 124th legislatures and the 126th through 130th legislatures. During my tenure, I served as co-chair of both the Health and Human Services (HHS) Committee and the Health Coverage, Insurance and Financial Services (HCIFS) Committee. Presently, I am the Administrator of an ADN Nursing Program.

I am here today to testify in opposition to LD2196, An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care.

Challenges Facing Rural Hospitals in Maine

Maine is a rural state, and all our hospitals are non-profit institutions. These hospitals do not operate with large financial margins. The state is served by two major hospital systems, and these tertiary hospitals work to support our smaller rural hospitals, helping to keep them operational.

Washington County's Hospital Situation

Washington County is home to two critical access hospitals and is one of the poorest counties in Maine. The city of Calais nearly lost its hospital to bankruptcy, but it was saved through a merger with Downeast Community Hospital.

Calais lost its obstetric services because the hospital was incurring annual losses of one million dollars. Currently, Downeast Community Hospital is also struggling to keep its maternity unit open. If this service is lost, then the closest maternity unit is 2 hours away. Furthermore, since Bangor provides our specialist and tertiary care services, any disruption to these resources would require Washington County residents to travel to Portland or even Boston. Many people simply would not be able to make that journey, and without regional access to care, lives would be shortened.

For years, Calais Hospital faced annual losses of about four million dollars largely due to uncompensated care. This situation is partially a result of the requirement that hospitals serve any person who seeks care, regardless of their ability to pay.

We have talked for years about the shortage of nurses. With the help of the State and our large hospitals we have been able to start programs in our Community College and University systems. This has allowed our hospitals to replace some very expensive traveler positions with permanent local nurses. With the increased access to nursing education in the State, we may begin to see the long-term savings that can occur.

While I acknowledge that our healthcare system has its shortcomings, LD2196 is likely to cause more issues than it resolves. It would notably impact healthcare access in many rural counties. To bring about meaningful change, we need to consider the entire system and make incremental adjustments. This bill applies significant pressure to one part of the healthcare system, which may lead to unpredictable consequences in other areas.

I ask that you vote in opposition to LD2196.

Thank you for your attention.
Anne Perry, FNP, MSN