

Senator Ingerwesen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Angela Leclerc. I am a Past-President and current board member of the Maine Academy of Physician Associates, a practicing PA, and a Gorham resident. I am testifying in opposition to LD 2196.

At a time when Maine hospitals and practices are closing and access to care is already strained, I strongly oppose this legislation.

In just the past week, I've seen firsthand how complex and broken healthcare costs have become. A friend's elderly mother in Fort Kent was prescribed Paxlovid and faced an \$800 out-of-pocket cost—even after searching for discounts. That medication reduces the risk of severe illness and hospitalization, yet many Mainers simply cannot afford it.

That same week, a family member with stable autoimmune disease learned their daily medication was removed from their insurance formulary. The cost is now \$3,000 per month. They've been forced to switch to a less effective treatment and still must meet a \$1,500 deductible. These are insured, working Mainers.

Meanwhile, insurance and pharmaceutical companies report enormous profits while premiums rise, coverage shrinks, and administrative burdens increase. Hospitals and specialty practices in Maine are not closing because of excessive profits—they are struggling to cover basic operational costs, staffing, and infrastructure necessary to care for our communities.

This bill would further destabilize those systems. Limiting what hospitals can charge insurers would not simply trim margins—it would reduce services.

Maine's only Level 1 Trauma Center depends on financial stability to maintain neurosurgery, trauma teams, and ICU capacity. Without it, critically injured patients—such as a young person with a traumatic brain bleed after a car crash—may not have immediate access to life-saving surgery.

Specialty care would also suffer. Behavioral health services already have extended wait times and limited provider capacity. Advanced cardiovascular care keeps patients alive and working. My uncle, who has advanced heart failure, survived a cardiac arrest because of an implantable defibrillator managed by a specialized team in Portland. Access required travel and expense—but it saved his life. Mainers should not have to leave the state, or choose between rent and life-saving care, because services can no longer be sustained here.

Healthcare workers are already stretched thin. Further funding reductions would worsen wait times, reduce jobs, and shrink access across primary care, oncology, cardiology, trauma, and behavioral health.

According to the Office of Affordable Health Care, this legislation would reduce hospital funding statewide by more than \$1 billion. From a clinician's perspective, that does not represent administrative tightening—it represents diminished access and real harm to Maine patients.

Affordability matters deeply. But addressing cost in a way that undermines access—particularly in rural and vulnerable communities—moves us in the wrong direction.

For these reasons, the Maine Academy of Physician Associates respectfully urges you to vote Ought Not to Pass on LD 2196.

Thank you for your time and consideration. I am happy to answer any questions.

Sincerely,

Angela Leclerc, MSPA, PA-C