

Testimony in Opposition to LD 2196
Maine Alliance for Care at Home

March 5, 2026

Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services:

Good afternoon. My name is Sara Ratcliffe and I am here today on behalf of the Maine Alliance for Care at Home, representing home health, hospice, and home-based care providers across our state. We respectfully urge you to oppose LD 2196.

Our members care for thousands of Mainers every day - older adults, individuals with disabilities, patients recovering from surgery, and those with complex chronic conditions - allowing them to remain safely at home. Home-based care is one of the most cost-effective and patient-centered parts of our healthcare system. But we do not operate independently. We are deeply connected to Maine's hospitals.

LD 2196 would impose an arbitrary cap on privately negotiated hospital reimbursement rates, equivalent to more than \$1 billion in annual cuts. From a home health perspective, reductions of this magnitude would destabilize hospitals across the state, including rural and Critical Access Hospitals. When hospitals are destabilized, the ripple effects directly impact patients receiving care at home.

Safe and timely hospital discharge is critical to successful home-based care. Our clinicians coordinate closely with hospital teams to ensure patients have the medications, equipment, and follow-up services they need before returning home. If hospitals are forced to reduce services, cut staff, or close facilities, discharge planning becomes delayed and fragmented. Patients stay longer in acute care settings. Others may be transferred out of state if higher-level services such as trauma or specialty care are reduced.

We are already operating in a strained environment. The committee has received testimony from hospitals that hundreds of patients remain hospitalized due to a lack of nursing home beds. Home health agencies are helping relieve that pressure by providing care in lower-cost, community settings whenever possible. But we cannot absorb the impact of widespread hospital closures or workforce reductions.

More than 60 percent of hospital care is paid for by Medicare and Medicaid - programs that often reimburse below the cost of care. If commercial reimbursement is further restricted under this bill, hospitals will have fewer resources to sustain essential services, particularly in rural communities. Reduced access to primary care, behavioral health, cardiovascular services, and oncology will ultimately shift more complexity into the home - without the necessary infrastructure to support it.

We agree that affordability is a serious concern for Maine families. But according to publicly available data 90 percent of premium increases are driven by inflation and healthcare utilization. LD 2196 does not address those root causes. Instead, it risks weakening the full continuum of care.

Home-based care providers are committed to being part of meaningful, thoughtful reform. We support collaborative solutions that strengthen care coordination, expand access to preventive services, and invest in lower-cost care settings - including the home. What we cannot support is a policy that introduces significant financial instability into an already fragile system.

When hospitals struggle, patients suffer. Discharges are delayed. Access narrows. Rural communities are hit hardest. And the very goal we all share - keeping people healthy at home - becomes more difficult to achieve.

For these reasons, the Maine Alliance for Care at Home respectfully urges the Joint Standing Committee on Health and Human Services to oppose LD 2196 and instead pursue balanced reforms that protect Maine's healthcare infrastructure and the patients we all serve.

Thank you for your time and consideration.

Sara Ratcliffe
Executive Director
Maine Alliance for Care at Home