

Dear Honorable Members of the Maine State Legislature,

I am writing to you as an emergency nurse and as President of the Maine Emergency Nurses Association (ENA) to express serious concerns regarding LD 2196 and its potential impact on Maine's hospitals, healthcare workforce, and patients.

LD 2196 proposes to:

Limit future growth of hospital prices to the Medicare market basket rate

Cap maximum inpatient and outpatient charges at 200% of the Medicare rate (with some exceptions)

Prohibit insurers from requiring prior authorization for chronic conditions more than once every two years

Prevent insurers from restricting coverage of previously approved drugs or services for 90 days after a patient switches plans

Require insurers to provide 90 days' notice before restricting previously approved drugs or services

While several provisions aim to improve patient protections and reduce insurance-related barriers to care, the financial caps on hospital payments raise significant concern for those of us practicing on the front lines of emergency medicine.

From an emergency nurse's perspective, Maine hospitals are already operating under substantial financial strain.

Many of our rural facilities function with narrow margins while simultaneously serving as the sole access point for acute and emergency care in their communities.

Limiting hospital revenue by capping charges at 200% of Medicare rates and tying future growth to the Medicare market basket rate may further restrict already fragile operating budgets.

In practical terms, decreased revenue often translates into institutional cost-containment measures. These measures frequently include:

Staffing reductions or hiring freezes

Delays in equipment upgrades or capital improvements

Cuts to ancillary and support services

Reduced availability of specialty coverage

In the emergency department, where care cannot be delayed or denied, these constraints manifest as overcrowding, increased patient wait times, boarding of admitted patients, heightened nurse-to-patient ratios, and escalating stress and burnout among staff.

Ultimately, patient safety and quality of care may be compromised.

Supporters of LD 2196 argue that hospital charges represent a significant driver of healthcare costs in Maine and cite projections of insurance premium increases of up to 25% in 2026. They also note that Maine hospitals reportedly charge, on average, approximately 270% of Medicare rates for services, with some instances approaching 300%, and that market consolidation has increased hospital leverage in pricing negotiations.

These are important concerns and deserve thoughtful policy discussion. However, blunt financial caps without careful consideration of Maine's unique rural landscape risk destabilizing an already fragile healthcare ecosystem.

Maine is increasingly becoming a healthcare desert in certain regions, where hospital closures or service line reductions would leave communities without timely access to emergency and inpatient care.

Emergency departments serve as the safety net for all patients—insured, underinsured, and uninsured. We do not have the option to limit volume or adjust acuity.

Any policy that significantly reduces hospital revenue must be evaluated through the lens of workforce sustainability, rural access, and patient safety.

The Maine ENA opposes LD 2196 because of the potential unintended consequences it may have on hospital viability, emergency department capacity, and the overall stability of Maine's healthcare system.

We respectfully urge the Legislature to consider amendments that protect patients from excessive costs while also safeguarding the operational integrity of Maine's hospitals.

Thank you for your time, your service, and your commitment to the health of the people of Maine.

Respectfully,
Kelly J. Collins, MSN, RN, CEN, CPEN
President, Government Affairs Chair

Maine Emergency Nurses Association.



Maine State Council