

Thomas Miller
Yarmouth
LD 2196

Dear Committee on Health and Human Service,

I am a resident of Yarmouth, ME, parent of three school aged children, and a pediatric cardiologist at Maine Medical Center. I'm writing in opposition of LD2196. I attended the in-person testimony on 3/5/2026 and would like to highlight an additional area of concern for the Committee. While constituents mentioned that pediatric care is at risk when budgets are tightened, it's important to note that one consequence of losing pediatric subspecialty care is a higher cost to the state overall, inconvenience to families, and worse health outcomes in children.

As you heard many people testify, capping private insurance reimbursement at 200% of CMS would likely cause MaineHealth and Northern Light to cut pediatric subspecialty services. If that occurs, the state would end up paying more money to send families out of state. Some background regarding my specific subspecialty: congenital heart disease (CHD) affects ~1% of live births making it the most common congenital defect. About 25% of those with CHD require surgery in the first year of life. Maine Med is the only center in Northern New England (ME, NH, VT) that has a congenital cardiac surgery program, and it has been a big investment to maintain it and build it to its current level of success.

We've had a new congenital cardiac surgeon for the past two years here in Portland. One of his patient's parents testified on 3/5. In addition to their personal testimony, I can attest that we currently have some of the best outcomes in North America. Based on a registry of >70 North American centers that we participate in, Maine currently has the lowest risk adjusted complication rate and post-operative length of stay in that registry. I know my program costs the hospital a lot of money and while the value is phenomenal in regards to outcomes for families, the hospital does not see a financial return on that investment because our volume is relatively low. If this bill passes, I'm worried in-patient and subspecialty pediatrics are at risk to be the first to get cut and we would no longer provide tertiary pediatric care in the state. Pediatric subspecialists like myself would either have to move to a city with a free-standing children's hospital (that negotiates different rates) or go into out-patient private practice and not accept Medicaid. More kids would be sent out of the state for care, and at a higher cost, with all of that money leaving the state rather than staying locally.

There was a lot of discussion on 3/5 about solutions. I think one of them is addressing the disparities in reimbursement in peds subspecialties. Pediatric cardiac surgery is expensive, but kids still need care and compared to going out of state, funding local care is higher value. Also compared to the volume of adults in the budget, the overall cost of pediatrics is small. Investing in pediatrics as part of a revamp of the system is critical for the developmental trajectory of the state's health and the maintenance of the current pediatric subspecialty work force that includes a multidisciplinary team of nurses, physicians, APPs, dieticians, occupational/physical and speech therapists, and many more. Unfortunately, LD 2196 instead puts pediatric subspecialties – and many other services - at serious risk. Thank you for your considerations and difficult work.

Sincerely,

Tom