

My name is Katrina Holbrook, I live in Arundel, and I'm an ICU Nurse Manager. I am writing to express my serious concerns and opposition regarding LD 2196, based on my frontline leadership experience caring for Maine's most critically ill patients.

Every day, I witness firsthand how fragile our health care system already is particularly in the emergency department, trauma, specialty, and critical care services. While I understand and support the goal of improving health care affordability, I am deeply concerned that the approach outlined in LD 2196 would significantly compromise access to care across the state, especially for patients who depend on timely, high-acuity services.

If enacted, this bill risks limiting access to specialty care, trauma services, primary care, and intensive care, particularly in rural and underserved areas. Trauma systems, ICU capacity, and specialty services require constant readiness, highly trained staff, and substantial financial support. Once these services are reduced or eliminated, they are extraordinarily difficult if not impossible to restore. Patients would face longer wait times, delayed transfers, and, in some cases, the need to seek care out of state.

I am particularly concerned about the destabilizing effect LD 2196 could have on community hospitals and critical access hospitals. Many of these facilities already operate on razor-thin margins and rely on system-level resources to remain open. Further financial pressure could force service reductions or closures, leaving entire communities without local access to essential health care.

The workforce implications are equally alarming. Hospitals are among the largest employers in Maine, and policies that significantly restrict hospital revenue place thousands of health care jobs at risk. These are not abstract numbers; they represent nurses, physicians, therapists, technicians, and support staff who are essential to patient safety and care quality. Workforce losses would increase burnout, worsen staffing shortages, and ultimately jeopardize outcomes for patients.

Rather than advancing legislation that risks such broad and unintended consequences, I strongly believe there are more effective and collaborative alternatives. One such approach would be the development of stakeholder work groups that include frontline clinicians, hospital leaders, rural and critical access hospitals, insurers, policymakers, and patient advocates. These groups could work together to identify sustainable, data-driven solutions to health care affordability that preserve access to care, protect essential services, and maintain a stable workforce.

From my perspective as a nurse leader responsible for both patient care and staff well-being, I believe LD 2196, as currently written, poses serious risks to Maine's health care system. I respectfully urge you to reconsider advancing this bill and instead support a more measured, stakeholder-driven approach to addressing health care costs.

Thank you for your time, your service, and your willingness to consider the realities facing Maine's health care providers and patients.

Respectfully,

Katrina Holbrook, BSN, RN

ICU Nurse Manager