



**Testimony of
MaineHealth
In Strong Support of LD 898
“An Act to Support Rural Workforce Recruitment by Allowing Pay
Differentials Based on Work Site Location and Employee Experience and
Credentials Under the Maine Equal Pay Law”**

March 25, 2025

Senator Tipping, Representative Roeder and members of the Joint Standing Committee on Labor, I am Katie Fullam Harris of MaineHealth, and I am here to explain why this bill is so important to maintaining access to health care in rural communities.

MaineHealth is comprised of 9 acute care hospitals and 24,000 care team members. Our team includes more than 2,000 physicians and advanced practice professionals who provide care to communities across 11 counties in Maine and one in New Hampshire in support of our vision of Working Together so Our Communities are the Healthiest in America.”

As we seek to maintain access to health care for our rural communities, we are often posed with the challenge in which candidates for key positions, and particularly specialists, look for pay differentials in turn for moving to rural communities. Maine’s pay disparity law (Title 26, Section 628) prohibits pay differentials with only three limited exceptions: an established merit increase system; an established seniority system; and a shift differential for time of day worked.

There are two scenarios that we often encounter that are not addressed by the exceptions in the current law:

1. A provider who wants additional compensation to move to a rural community;
2. A candidate who has additional credentials or training compared to incumbent employees in comparable roles. For example, we cannot pay someone a pay differential based on years of experience or specialized training if their peers in comparable roles do not receive the same pay.

Per the current law, MaineHealth provides the same level of pay for similar positions across our geography, from Portland to Farmington, and Biddeford to Belfast. Specific and recent examples of the challenges this creates include:

Two orthopedists, one hospitalist, and an Ear Nose and Throat doctor, all of whom declined offers to join the staff of Waldo Hospital in Belfast, citing low pay and high cost of living; A family medicine physician who had additional training in palliative care also declined an offer as we could not provide additional financial remuneration for their specialist palliative care training.

Dr. Ryan Knapp, VP of Physician and APP Services who is responsible for provider recruitment for Stephens Hospital in Norway and Franklin Hospital in Farmington, cited a number of examples, including:

An OB/GYN chose to leave Franklin Hospital for a job out of state due to compensation, even though that physician continues to live in the Farmington area;

Franklin Hospital's medical practice currently has four primary care openings, three of which have been open for over a year. This is creating extensive access challenges in this rural area. And though there have been multiple applicants to date, we have not been able to fill these positions successfully with the common reason cited by candidates being compensation.

Finally, all too often we lose key specialty candidates, such as social workers, radiation therapists, surgical techs and others due to our inability to offer a pay differential for their specialized training or years of experience. We find ourselves competing with start-ups, private practice, and even other industries for some of these technical and highly specialized positions. We are unable to increase their base pay due to the legal requirement that they have parity with incumbent employees in comparable roles, regardless of their experience and training.

As Dr. Knapp wrote to me in regards to this bill: "I have been involved in recruiting physicians and APPs in various roles in healthcare in rural Maine for over 8 years. It is a difficult task that seems to be increasingly challenging as healthcare professionals are drawn to more urban areas that feel less isolated professionally and support a lifestyle they prefer. If we are to maintain access to care in our rural communities, we must have the flexibility to offer compensation models that reflect differences in our ability to recruit to some locations. In its current form The Maine Equal pay act is limiting our ability to do so." Thank you for the opportunity to testify, and I would be happy to answer questions.