



**Maine Medical  
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION  
AND  
THE MAINE OSTEOPATHIC ASSOCIATION  
In Support Of**

**LD 1890 - An Act To Facilitate The Development Of Ambulatory Surgical Facilities By Exempting  
Certain Facilities From The Requirement To Obtain A Certificate Of Need**

**Joint Standing Committee on Health Coverage, Insurance and Financial Services  
Room 220, Cross Building, Augusta, Maine  
Wednesday, January 7, 2026**

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Liz Pearce. I am a Mainer, a Board Certified Otolaryngologist (also known as an ear, nose, and throat specialist), and I own an independent medical practice. I am submitting this testimony in support of LD. 1890 An Act To Facilitate The Development Of Ambulatory Surgical Facilities By Exempting Certain Facilities From The Requirement To Obtain A Certificate Of Need, and its amendment, on behalf of the Maine Medical Association and the Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,300 allopathic and osteopathic physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State. The MMA and MOA's legislative committees have joined to advocate with one voice.

We have all determined that testifying in support of LD 1890 and its amendment is important for several reasons. We recognize that the amendment expands the bill's scope to all health care facilities, which we support, but I want to speak today about how this would affect Ambulatory Surgical Centers (ASCs).

Like many Maine physicians, after 10 years of training "away", I returned home to help my community. I was hospital-employed for seven years, then three years ago, I opened my independent ENT clinic to offer a less hurried, more personalized option in an underserved specialty. However, as a solo surgeon, I have personally experienced the uphill challenges of obtaining surgical privileges at the very few hospital-based surgery centers in our state. These challenges delay medical care for Mainers. I currently perform all feasible procedures in the office, a needed benefit to our aging population. Still, if a patient ultimately requires General Anesthesia, I am unable to offer nor perform all needed surgeries within my capabilities, solely

because operating room access is limited, particularly for small practice owners. Ultimately, patient care is delayed unnecessarily, and medical costs rise. Increasing the CON threshold will expand opportunities for more surgical centers, improving Mainers' access to timely and needed care. I would like to raise a few points for the Committee's consideration.

First, Maine's current threshold of three million dollars is economically outdated. We sent an email to our independent practice section and received a resounding response that construction has far exceeded this threshold.

Surgical centers have strict criteria and standards for ventilation, instrument sterilization, anesthetic gas/oxygen/suction configurations, and related areas. Such systems also require calibration and certification, which increases costs compared to commercial or residential facilities. Additionally, to justify the high cost of sterilization equipment and facilities, as well as a post-op recovery area, it makes sense to have at least two, ideally four, operating rooms in a small surgical center. For reference, the current outpatient ASC in Scarborough has 10 operating rooms.

Furthermore, my husband owns a design-build company and will provide testimony on the current financial climate to help you better understand the exact costs involved. Ultimately, \$5 million is appreciated, but it could be increased further.

Second, extensive national data demonstrate the financial, safety, and quality benefits of ASCs as an alternative to hospital-based surgery. Hospital-based surgery is an integral part of the healthcare delivery system, but ASCs often allow for more targeted patient care. For example, I have experienced both types of surgeries and have found that ASCs are often more streamlined because everyone is motivated to complete cases and finish the day on time. In contrast, at the hospital, another shift is always coming in. The regulatory relief in LD 1890 would enable the growth of ASCs, a necessary component of resolving our healthcare infrastructure.

Finally, we have a request for an additional amendment. We appreciated the original bill language, which included the expansion of an ASC. The proposed amendment is only for new health care facilities. We request that the language be restored in order to support existing ASCs and other health care facilities' ability to expand. The existing facilities support their communities today and deserve the opportunity to add procedural/surgical rooms.

We look forward to a broader conversation about reforming certificate-of-need regulations, following the Commission to Evaluate Regulatory Review and Oversight of Health Care Transactions' recommendations. We will reserve our additional comments until then.

Thank you for considering the views of Maine's physicians, and we hope you will support LD 1890 and include the requested amendment.

Thank you,

Elizabeth C. Pearce, MD  
Board Certified Otolaryngologist  
PearceMD ENT, Balance, & Allergy