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Testimony of Trevor Putnoky

to the Joint Standing Committee on Health Coverage, Insurance and Financial Services

In Support of

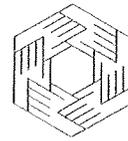
**LD 2190, An Act to Implement Certain Changes in the Certificate of Need Laws Recommended by the
Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions
That Impact the Delivery of Health Care Services in the State**

February 18, 2026

Good afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services.

My name is Trevor Putnoky, and I'm here today to testify in support of LD 2190. I'm the President and CEO of the Healthcare Purchaser Alliance of Maine. The HPA is a nonprofit representing the purchasers of health care in Maine. Our mission is to advance and support access to high-quality, affordable care. We have over 60 members, including some of the largest public and private employers and health trusts in Maine. Collectively, our members spend over a billion dollars annually providing health care for nearly one quarter of the commercially insured population in the state.

While current CON law allows the Department of Health and Human Services to consider the impact of proposed projects on healthcare affordability and access for Mainers, they are not required to do so. LD 2190 would amend the law to require CON reviews to take that impact into account. I understand that there are several factors that the Department needs to consider when evaluating new projects, but with Maine employers and families struggling to afford the ever-rising cost of care, I believe it's just common sense for CON reviews to factor in whether a proposed facility will improve access and affordability for the people of Maine.



Premiums increased an average of 18 percent in Maine’s small group market this year, and 24 percent in the individual market.¹ At this point, annual premiums for a family plan in Maine are over \$25,000²—that’s the equivalent of buying a new Honda Civic every year. Even with those expensive plans, Maine families still face average deductibles of over \$4,800—the 4th highest in the nation.³ And nearly 40 percent of Mainers skip or delay going to the doctor when they’re sick due to costs.⁴

Research has shown that some of the facilities subject to CON—such as independent ambulatory surgical centers—would provide more affordable options for Mainers, as they can deliver care at lower price points relative to hospital outpatient departments, which may be the only option in some parts of the state. In a 2024 claims-data analysis published in *The American Journal of Managed Care*, for example, researchers found that prices paid in hospital outpatient departments were 54.9% higher than those charged in ambulatory surgical centers for a colonoscopy, 44.4% higher for an arthroscopy, and 44.0% higher for cataract removal surgery.⁵

It only takes a quick scan of MHDO’s CompareMaine website to see that wide price variation exists here in Maine, as well. The average price for a colonoscopy, for example, is \$6,525, with average prices by facility ranging from a high of \$9,804 at one hospital, to a low of \$1,869 at an ASC located just 20 miles away.⁶ The

¹ Maine Bureau of Insurance, *Maine Bureau of Insurance Announces Final 2026 Health Insurance Premiums for Individual and Small Group Market*, September 4, 2025. Available at: [https://www.maine.gov/pfr/insurance/press/maine-bureau-of-insurance-announces-final-2026-health-insurance-premiums-for-individual-and-](https://www.maine.gov/pfr/insurance/press/maine-bureau-of-insurance-announces-final-2026-health-insurance-premiums-for-individual-and-small#:~:text=Maine%20Bureau%20of%20Insurance%20Announces,policies%20at%20the%20Federal%20Level.)

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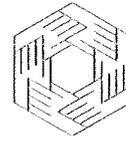
² Kaiser Family Foundation, *Average Annual Family Premium per Enrolled Employee For Employer-Based Health Insurance, 2024*. Available at: <https://www.kff.org/private-insurance/state-indicator/family-coverage/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Total%20Annual%20Premium%22,%22sort%22:%22desc%22%7D.>

³ Kaiser Family Foundation, *Average Annual Deductible per Enrolled Employee in Employer-Based Health Insurance for Single and Family Coverage, 2024*. Available at: <https://www.kff.org/private-insurance/state-indicator/average-annual-deductible-per-enrolled-employee-in-employer-based-health-insurance-for-single-and-family-coverage/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Average%20Family%20Deductible%22,%22sort%22:%22desc%22%7D.>

⁴ Digital Research Inc, *Examining Voters’ Views Towards Health Care in Maine*, Consumers for Affordable Health Care, March 2025. Available at: <https://drive.google.com/file/d/1of-aZWztHbCJDGZODeqoWEVvYcokHw41/view.>

⁵ Robinson, James C., et al. “Prices and Complications in Hospital-Based and Freestanding Surgery Centers,” *The American Journal of Managed Care*, vol. 30, no. 4, Apr. 2024, pp. 179–84. PubMed. Available at: <https://doi.org/10.37765/ajmc.2024.89529.>

⁶ Maine Health Data Organization, *CompareMaine*. Date represent claims from 7/1/2023–6/30/2024. Available at: <https://www.comparemaine.org/?page=report&procedure=45385>



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average price of knee replacements is \$49,676, with average prices by facility ranging from a high of \$66,694 at one hospital, to a low of \$28,230 at an ASC.⁷

Access is another critical factor that the CON process should consider. We've all heard stories of family members or friends who have had to wait months for critical diagnostic tests or forced to travel to Boston in order to be seen in a timely manner. New facilities could ease these access challenges for certain critical services and should be considered when weighing the benefits of a project.

In terms of the bill itself, we hope you will consider a minor, but important modification to Section 6. As currently written, the language amends §335 of the CON statute to expand the list of criteria under which the Department shall approve a project to include: "Does not negatively affect the affordability and accessibility of health care services for all residents of the State." While not negatively impacting affordability and access is certainly important, we think the Department's review should also take into account whether a project would **positively** impact affordability and access. To that end, we hope you will consider amending the statute in a way that directs the Department to factor in such positive impacts as part of their CON reviews.

We're grateful that the committee took action earlier this session to raise the monetary threshold for CON review, which will remove a barrier for many ASCs and other facilities that wish to enter the Maine market. But for those projects that will still be subject to CON review, we believe it's important that those reviews take into account the impact a project would have on affordability and access to care. Addressing those challenges must be a priority that we try to advance whenever possible.

Thank you for the opportunity to provide HPA's feedback on LD 2190. I'd be happy to answer any questions.

⁷ Maine Health Data Organization, CompareMaine. Date represent claims from 7/1/2023–6/30/2024. Available at: https://www.comparemaine.org/?page=report&page=report&view=list&search-insurance=XXXXX&search-radius=25&search-zipcode=&sort-by=provider_name&procedure=27447.