



Maine Medical
Association



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

In Opposition To

LD 2199 - An Act To Prohibit Interference With The Professional Judgment And Clinical Decisions Of Licensed Health Care Professionals As 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

Joint Standing Committee on Health Coverage, Insurance and Financial Services
Room 220, Cross Building, Augusta, Maine
Wednesday, 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 Andrew MacLean, and I am the CEO of the Maine Medical Association. I am submitting this testimony in reluctant opposition to LD 2199 - An Act To Prohibit Interference With The Professional Judgment And Clinical Decisions Of Licensed Health Care Professionals As 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 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.

As an initial matter, I want to thank all of the members of the Commission to Evaluate Regulatory Review and Oversight of Health Care Transactions. They had to cover a lot of ground in a short amount of time, and we appreciated watching the collegiality of the discussions. We delivered and submitted comments to that Commission on October 8, 2025.¹ In those comments, we raised three points for the members to consider as they deliberated potential legislation.

- Recognize that Maine healthcare organizations **act rationally and in good faith** when making decisions in response to the various struggles they face, including but not limited to the financing, administrative burdens, and need for investment.

¹ [10.8 Comments Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Ca...](#)

- Understand the importance of **inventorying the regulatory tools** already available to avoid layering new regulations without purpose.
- Values **preserving physician autonomy and choice** is in society's interest, too, because it is the critical basis for ensuring career satisfaction, avoiding burnout, and delivering high-quality care to patients. Physicians' choice of practice setting is important not only for physician recruitment and retention in our state, but also for ensuring patients have a choice of practice settings in which to seek care.

We have kept these considerations at the top of mind as we review whether and how to weigh in on the eight bills reported out of the Commission. We also have an obligation to honor the diversity of our membership, from hospital-based physicians to solo practitioners. The decisions made by this Legislature can, from time to time, affect them differently based on where they work.

As for LD 2199, I noted at the beginning that we were reluctantly opposed because, on its face, it seems to be exactly what our members have been yearning for. They went to medical school to be trusted to care for their patients in the best possible way. However, instead of spending quality time with their patients, they often face a burdensome regulatory system imposed by state and federal governments.

So, the idea of LD 2199 is sound - letting clinicians practice without interference. However, this language is far too broad; for example, it notes that "A person may not directly or indirectly interfere with control or otherwise direct" a clinician's professional judgment. This language is vague and creates a lot of questions about what that exactly would mean for a practice.

For example, as written, the prohibition on "interference" could be interpreted to limit appropriate care management, utilization review, quality improvement initiatives, and evidence-based clinical protocols that support patient safety, care coordination, and value-based care. When implemented appropriately, these tools are an important part of ensuring high-quality, cost-effective care and are increasingly central to modern health care delivery and payment models.

We believe we already have adequate provisions in law and ethics that support a physician's professional judgment. For example, I note two provisions of the American Medical Association's Code of Medical Ethics, the world's most widely recognized medical ethics code. See Opinion 1.1.1, Patient-Physician Relationship² and Opinion 11.2.1, Professionalism in Health Care Systems.³ LD 2199 would add unnecessary regulations to our system, and we ask you to vote "ought not to pass."

Thank you for considering our thoughts. Please let me know if you have any questions.

Andrew MacLean, JD

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<https://policysearch.ama-assn.org/policyfinder/detail/%221.1.1%20Patient-Physician%20Relationships%22?uri=%2FAMADoc%2FEthics.xml-E-1.1.1.xml>

³ <https://policysearch.ama-assn.org/policyfinder/detail/AI?uri=%2FAMADoc%2FEthics.xml-E-11.2.1.xml>