

Senator Ingwerson, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services: my name is Courtney Shank. I am a social work intern, a resident of Gorham, and I am testifying in support of LD 2196 on behalf of the Maine People's Alliance.

In my work as a social work intern, I've supported individuals navigating an unstable and complex health care system. I've worked with people born with pre-existing conditions like neurofibromatosis type 2, a lifelong condition requiring ongoing treatment. These treatments are often expensive and subject to prior authorization requirements meant to prove medical necessity. But when a condition is permanent and well-documented, repeatedly requiring patients and providers to re-prove the need for care creates unnecessary delays, administrative burden, and stress. For individuals living with lifelong conditions, access to necessary treatment should not depend on continually re-justifying care that will always be needed. LD 2196 would help reduce these barriers by limiting how often prior authorizations can be required for chronic conditions, promoting greater stability and continuity of care.

These experiences are not isolated. Nearly half of Mainers experience similar instability, reflecting structural problems in how we finance and regulate health care.

Commercial insurers often pay hospitals 200 to 300 percent of Medicare rates. When hospitals rely on those markups to fund basic operations, it functions like a hidden tax on working families, showing up in higher premiums, higher deductibles, and suppressed wages. If a hospital's survival depends on charging working people triple what Medicare pays, that signals a system design failure.

Many Maine hospitals operate on thin margins, particularly in rural communities. If we cap commercial prices without increasing public reimbursement or providing stabilization funding, some hospitals could struggle further. But the alternative is also unsustainable. Without reform, employers and families continue absorbing higher premiums, wage growth is squeezed, and health care consumes a growing share of Maine's economy.

So the question becomes: who should bear the cost of our health care system — hospitals, insurers, employers, taxpayers, or patients? From where I sit as a social worker, patients are already bearing too much of it.

If strengthening and stabilizing our health care system requires additional revenue, that responsibility should fall on those with the greatest ability to contribute — ultra-wealthy individuals and highly profitable corporations — not on working families who are already stretched thin. We should not continue funding health care through hidden markups embedded in premiums while wealth at the top continues to grow.

LD 2196 is an important step toward restoring balance and accountability in hospital pricing. Paired with fair and sustainable revenue solutions, it moves us closer to a health care system that protects patients, supports rural hospitals, and does not place the heaviest burden on those least able to carry it.

As social workers, we are guided by a commitment to dignity, equity, and access to essential services. I believe LD 2196 aligns with those values. I respectfully urge this committee to support this bill and move Maine closer to a health care system that works for patients, not just institutions.

Thank you for your time and consideration.