

*132nd Legislature*  
**Senate  
of Maine**  
*Senate District 32*

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*Testimony of Senator Henry Ingwersen supporting*  
**LD 2196, An Act to Lower Health Insurance Costs, Reduce Barriers to Health  
Care and Ensure Fair Prices for Health Care**  
*Before the Joint Standing Committee on Health and Human Services*  
Thursday, March 5, 2026

Good afternoon, Representative Meyer, and esteemed Colleagues on the Health and Human Services Committee. As you know, I am Senator Henry Ingwersen, and I proudly represent Senate District 32, which includes Arundel, Biddeford, Dayton, Hollis, and Lyman. Today, I offer testimony in strong support of Representative Gattine’s LD 2196, “**An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care.**”

Health care in Maine is increasingly unaffordable and inaccessible. Costs continue to rise faster than wages and four in ten Mainers have taken on medical debt in the past five years, most often from hospital-owned facilities.<sup>1</sup> Families are forced to choose between paying for care and covering essentials like rent or groceries. Small businesses are squeezed by rising hospital prices that drive up the cost of providing insurance, leaving employers with fewer resources for wages and forcing employees to shoulder higher premiums, co-pays, and lower take-home pay.

In Maine, per capita hospital spending is among the highest in the region and hospital spending continues to grow faster than inflation and wage growth.<sup>2</sup> In the commercial market, hospital prices vary widely. For example, a knee replacement at Maine Medical Center Portland and Maine Medical Center Biddeford – two hospitals within the same system just 30 minutes apart - can cost \$15,000 more depending on where a patient receives care.<sup>3</sup> That degree of variation for the same service, in the same market, raises significant concerns, particularly given these high prices are passed on directly to families and employers through increased premiums, deductibles, and other out-of-pocket expenses.

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<sup>1</sup> <https://drive.google.com/file/d/1OOD5JGNgeiJCI4WzEn1xHxSkW48uajZS/view>

<sup>2</sup> Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. (2024). *National Health Expenditure Data: Health Expenditures by State of Residence, August 2022*; Federal Reserve Bank of Minneapolis. (2024). *Consumer Price Index 1913-*. and Federal Reserve Bank of St. Louis. (2024). *Real Median Household Income in Maine*.

<sup>3</sup> Maine Health Data Organization. (2025). *CompareMaine*. Retrieved at [www.comparemaine.org/?page=choose](http://www.comparemaine.org/?page=choose)

As Senate Chair of the Health and Human Services Committee and lead co-sponsor of LD 2196, I am working to bring these costs down. With LD 2196, we can limit the amount that hospitals can charge for services to no more than 200% of Medicare. We can increase investments in primary and behavioral care, setting a minimum payment floor of at least 110% of Medicare. We can cap how much hospitals raise their prices each year. We can reduce administrative barriers for Mainers and providers, expanding limitations on prior authorizations. And we can lower premium costs.

This is an ambitious but necessary step, and it is not without precedent. Oregon's state employee health plan implemented a similar policy and saved \$107.5 million in two years without measurable negative impacts on access to care or hospital financial stability. Washington State has also enacted comparable legislation.

Maine's families, businesses, and economy cannot afford further delay. We deserve a health care system where no one must deplete their savings or go into debt to receive hospital, primary, or behavioral health care, and where that care is available when needed. Thank you for your time, and I respectfully urge the Committee to vote Ought to Pass on LD 2196.



**Henry Ingwersen**

State Senator, Senate District 32

*Arundel, Biddeford, Dayton, Hollis, and Lyman*