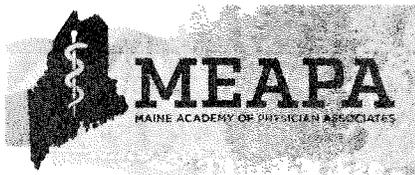


Maine Medical Association



Maine Association of Psychiatric Physicians



Maine Society of Eye Physicians & Surgeons



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION,
MAINE ACADEMY OF PHYSICIAN ASSOCIATES, MAINE ASSOCIATION OF PSYCHIATRIC
PHYSICIANS, MAINE CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICIANS,
MAINE NURSE PRACTITIONER ASSOCIATION, MAINE OSTEOPATHIC ASSOCIATION,
MAINE STATE COUNCIL OF EMERGENCY NURSES ASSOCIATION, MAINE SOCIETY OF
ANESTHESIOLOGISTS, MAINE SOCIETY OF EYE PHYSICIANS AND SURGEONS**

In Opposition To

LD 2196

**An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair
Prices for Health Care**

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Thursday, March 5, 2026

Good Afternoon, Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Anne Sedlack, and I am the Director of Advocacy at the Maine Medical Association. I am submitting this testimony in opposition to LD 2196 An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care, and Ensure Fair Prices for Health Care, on behalf of the Maine Medical Association, Maine Academy of Physician Associates, Maine Association of Psychiatric Physicians, Maine Chapter of the American Academy of Pediatrics, Maine Nurse Practitioner Association, Maine Osteopathic Association, Maine State Council of Emergency Nurses Association, Maine Society of Anesthesiologists, and Maine Society of Eye Physicians and Surgeons.¹

Our Associations have joined to advocate with one voice to testify in opposition to LD 2196. We share the Legislature's goal of improving affordability and access for Maine patients. However, we must oppose because we believe it will create unintended consequences for care delivery and workforce stability across the state, which will harm our shared patients.

¹ For background on each of these Associations, please see the final page of the testimony.

At a time when Maine's health care system is already facing significant financial strain and the anticipated coverage losses and payment pressures associated with federal policy changes under H.R. 1, this proposal represents a significant state-level restructuring that risks destabilizing an already fragile system. Meaningful cost reform ultimately requires comprehensive federal action, and piecemeal state interventions that lack broad stakeholder alignment may produce unintended consequences for access, workforce stability, and services across the state.

We acknowledge that health care costs are a tremendous burden for most people in the US, and that our health care system is in need of comprehensive reform.² But comprehensive change must happen at the federal level. Until there is sufficient political will for reform at the federal level, health care organizations are necessarily connected and interdependent in our current financing system. A strong majority of healthcare clinicians in Maine are employed by one of our four health systems or by our few remaining independent hospitals, and LD 2196 would cause significant harm to our current workforce and to our ability to recruit and retain talent in Maine.

We wanted to provide a few specific perspectives about each section of the bill.

Part A would do several things, including establishing a ceiling on hospital commercial reimbursement at 200 percent of the Medicare rate. While controlling costs is an important objective, tying payment levels to Medicare presents substantial risk. Medicare rates have not kept pace with the rising cost of delivering care, and many hospitals rely on commercial payments to offset those shortfalls. Large reductions in commercial reimbursement could lead to service reductions, workforce cuts, or facility closures. We don't think anyone thinks our current healthcare financing system is working, but LD 2196 is not the solution, especially given the lack of widespread buy-in for the proposed fixes.

Part B seeks to reduce administrative burden and improve prior authorization practices, which we applaud. We will just note that the elements in Part B reflect concepts we have advanced through LD 1496 - An Act to Ensure Ongoing Access to Medications and Care for Chronic Conditions by Changing Requirements for Prior Authorizations, which is sponsored by Representative Zager and has had broad bipartisan support through each step of the legislative journey. We are currently working to try to amend the fiscal note to better reflect the cost savings from prior authorization reform and get it funded off the Appropriations table. As such, we hope this Committee, and others, will continue to support LD 1496 and advocate for its passage into law.

Part C would establish a minimum reimbursement level of 110 percent of Medicare for primary care and behavioral health services. We support strengthening investment in these essential services; however, a statutory payment floor may have consequences. In many cases, current commercial payments already exceed this level, and establishing a minimum could unintentionally become a de facto target for insurers rather than a baseline, limiting providers' ability to negotiate higher rates needed to sustain services. This provision may

² Please see the [MMA's Statement on Reform of the US Health Care System](#) for more information.



therefore fail to meaningfully increase investment while potentially constraining future payment growth in the very sectors the bill seeks to support.

For these reasons, we believe LD 2196, while well-intentioned, poses significant risks to system stability at a time when Maine's health care infrastructure can least absorb additional disruption. We appreciate the Sponsor and the Office of Affordable Health Care's work, and we remain committed to working with policymakers and stakeholders on solutions that address affordability while preserving access, supporting the workforce, and strengthening Maine's health care system for the long term.

Thank you for considering the thoughts of our diverse Associations, and we hope you will oppose LD 2196.

Thank you,

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Maine Medical 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 Academy of Physician Associates was incorporated on April 1, 1977, as a nonprofit organization. MEAPA is representative of the PAs employed within the State of Maine, and its primary objective is to enhance quality medical care to the people of Maine through a process of continuing medical education to the membership, other health care workers, and the general public. As a constituent organization of the American Academy of Physician Associates, MEAPA meets all provisions of the AAPA's bylaws and policies and upholds the principles, purposes, and philosophy for which the AAPA was founded.



The Maine Association of Psychiatric Physicians (MAPP) is a statewide professional organization representing psychiatrists dedicated to promoting high-quality, evidence-based mental health care for all Mainers. MAPP supports physicians in clinical practice through education, advocacy, and collaboration, and works to advance policies that improve access to psychiatric services across the state.



The Maine Chapter, American Academy of Pediatrics aims to improve the lives of children and adolescents in Maine. We believe all children deserve access to high-quality emotional, physical, and mental health; and we support pediatricians so they can provide the best care for children in their offices and communities. Our vision is to be the leading authority, advocate, and voice for the health of Maine's children and for the profession of pediatrics.



The Maine Nurse Practitioner Association is the professional organization for nurse practitioners who constitute the largest group among Advanced Practice Registered Nurses (APRNs), and number about 3,170 in Maine.



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.



Maine State Council of Emergency Nurses Association's mission is to advocate for patient safety and excellence in emergency nursing practice. Maine ENA envisions itself to be the global emergency nursing resource and advocate for Safe Practice and Safe Care.



The Maine Society of Anesthesiologists (MeSA) is a statewide association for practicing anesthesiologists. MeSA is dedicated to the safety of Maine's surgical patients.



The Maine Society of Eye Physicians and Surgeons (MSEPS) is the only state society representing Maine's ophthalmologists and their patients. As an affiliate of the American Academy of Ophthalmology, MSEPS is dedicated to educating the public about eye health care issues, advocating for ophthalmologists before the Maine State Legislature and other regulatory bodies, and providing ophthalmologists and their staff with high-quality continuing medical education programs.