

**Chair, distinguished members of the committee, thank you for the opportunity to speak today. My name is Dr. Brandon Giberson, and I am here to testify in strong opposition to LD 2196.**

I'm a native Mainer from the Upper Kennebec Valley. I put myself through the University of Maine while working full-time on ambulances in Somerset and Penobscot Counties. I trained at UNE and completed my emergency medicine residency at Emory before returning home the next day to practice in the state I love.

Today, I serve as the Medical Director of Emergency Medicine for MaineHealth's Maine Medical Center campuses in Biddeford and Sanford, where I continue to care for patients on the front lines. I'm also president-elect of the Maine Chapter of the American College of Emergency Physicians. I am fortunate to work closely with my identical twin brother who also is an emergency physician and leader at PenBay and Waldo Hospitals on Maine's MidCoast. My perspective comes from a lifetime in this state and a career spent caring for Mainers when every other part of the system has failed them.

**I want to be clear: LD 2196, as written, will harm Maine's emergency care infrastructure.**

I fully recognize the problem this bill is trying to address. Emergency physicians see the consequences of our unaffordable healthcare system every day—patients delaying care, rationing medications, or seeking emergency treatment for conditions that should have been managed in primary care. The status quo isn't working.

**But capping hospital commercial reimbursement at 200% of Medicare is not the solution.**

**First**, Medicare is not a sustainable benchmark. It underpays for many services, and rural hospitals in particular rely on commercial reimbursement to survive. A 200% cap may sound generous, but for many hospitals—especially those already operating on thin margins—it would be destabilizing.

**Second**, there is no evidence for applying caps this broadly. Oregon is frequently cited, but their cap applied only to the state employee health plan—roughly 15% of the commercial market. LD 2196 applies to nearly the entire commercial market in Maine. There is no precedent for a statewide experiment of this magnitude.

**Third**, emergency care readiness depends entirely on hospital stability. Trauma care, on-call surgical coverage, neonatal and pediatric critical care, and safe interfacility transfers all require a financially healthy hospital system. Price compression puts these services at risk, and emergency departments will feel the consequences first.

I have taken care of Mainers in their worst moments—from the back of an ambulance in rural counties to some of the busiest emergency departments in our state. I know what happens when the system falters. **LD 2196, in its current form, would destabilize essential emergency care at a time when readiness has never mattered more.**

For the safety of the patients we serve, **I urge you to reject LD 2196.** Thank you for your time.