



An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure
Fair Prices for Health Care
Testimony LifeFlight of Maine in opposition

Senator Ingwersen, Representative Meyer and distinguished members of the Health and Human Services Committee

My name is Thomas Judge, I reside in Port Clyde, and I am here today on behalf of LifeFlight of Maine to speak in opposition to LD2196 specifically to Part A. Despite good intentions, we do not believe this proposal will meet any of its stated objectives to lower insurance costs, reduce barriers to care, and assure fair and transparent pricing in healthcare.

LifeFlight has a unique lens in the delivery of healthcare across Maine and New England. We are the only provider touching every community and supporting every hospital in Maine. Each day, on multiple occasions, we are called upon to partner with clinicians in hospitals throughout Maine caring for vulnerable critically ill or injured patients. We see the successes and challenges in care delivery on a minute-to-minute basis 24/365.

What we overwhelmingly see is the fragility and fraying of our clinicians struggling to deliver high quality care with austere and increasingly missing resources: clinical staffing, specialist physicians, supplies, lack of bed capacity, and financial reserves. We believe enacting LD2196 will exacerbate these challenges to the point of hospital failures and counter intuitively increasing barriers to access and raising costs for patients needing to travel to more distant centers for services they received locally and regionally.

We believe this complex legislation, despite the best of intentions, and the proposed embedded protections for critical access and “financially distressed” hospitals, will lead to an even more fragmented delivery system, resulting in an increasing geographic lottery of unequal access and care delivery “misses” for patients, especially in our rural communities.

In addition to the already huge challenges we are encountering in obstetric and neonatal access, we are particularly concerned with potential failures in our struggling trauma system, and access to time critical vascular, cardiac, and stroke/ neuro care for acquired brain injuries. The potential to lose access to these services

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is real and the consequences are significant. Increasing reliance on out of state medical centers and specialists is harmful to the sustainability of Maine's health care system.

I was one of the original members of the Maine EMS Board when we created our trauma system and have served on the Trauma Advisory Committee since its inception. Specialty services such as trauma, which are sustained for need rather than financial return are especially at risk. Services that have taken years to build are not easily replaced and the national competition for specialist physicians is intense. An unintended consequence of this legislation is to make recruitment and retention of trauma specialists as well as clinicians at every level much more challenging.

Part A in LD2916 threatens the infrastructure foundations of healthcare across Maine. Our hospitals and indeed our entire healthcare system are already struggling with many on the edge and increasingly unable to serve their communities and patients with needed services. LD2916 will make this challenge even more difficult. Despite new rural health transformation program funding we have only seen the first edges of the billion dollars plus reduction in healthcare reimbursement through incoherent federal policy. We should be working to protect patient access and our healthcare infrastructure in the face of extreme financial challenges. We should not be enacting even more radical and costly to manage change. Unintended consequences are real, and in this case, dire.

We urge the Legislature to set LD2196 aside and take a step back and hold up any transformative healthcare change proposals for the next two years. In the interim, engage the entirety of the healthcare community in a robust policy discussion planning for the future as we absorb the tsunami of financial change in the delivery of care.

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