

# MAINE STATE LEGISLATURE

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L.D. 2196

Date: 4/8/26

MINORITY

(Filing No. H-1034)

**HEALTH AND HUMAN SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
132ND LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "B" to H.P. 1475, L.D. 2196, "An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care"

Amend the bill by striking out the title and substituting the following:

**'Resolve, to Establish the Commission to Study Health Insurance Costs and Fair Pricing in Health Care'**

Amend the bill by striking out everything after the title and inserting the following:

**'Emergency preamble. Whereas,** acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

**Whereas,** this resolve establishes the Commission to Study Health Insurance Costs and Fair Pricing in Health Care; and

**Whereas,** the study must be initiated before the expiration of the 90-day period in order to provide sufficient time for the study to be completed and a report submitted in time for submission to the next legislative session; and

**Whereas,** in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

**Sec. 1. Commission established. Resolved:** That the Commission to Study Health Insurance Costs and Fair Pricing in Health Care, referred to in this resolve as "the commission," is established to study the drivers of rising health insurance premiums and health care costs in the State and recommend policy solutions that improve the cost of care while protecting access to needed services and maintaining a stable health care system.

**Sec. 2. Commission membership. Resolved:** That, notwithstanding Joint Rule 353, the commission consists of the following 22 members:

- 1. Nine members appointed by the President of the Senate as follows:

**COMMITTEE AMENDMENT**

- 1           A. Two members of the Senate, including one member of the party holding the largest
- 2           number of seats in the Legislature and one member of the party holding the 2nd largest
- 3           number of seats in the Legislature;
- 4           B. One member representing large health care systems;
- 5           C. One member representing physicians and other clinical providers;
- 6           D. One member representing behavioral health providers;
- 7           E. One member representing public health professionals;
- 8           F. One member representing large employers;
- 9           G. One member representing a consumer advocacy organization; and
- 10          H. One health economist;
- 11          2. Nine members appointed by the Speaker of the House as follows:
- 12          A. Two members of the House of Representatives, including one member of the party
- 13          holding the largest number of seats in the Legislature and one member of the party
- 14          holding the 2nd largest number of seats in the Legislature;
- 15          B. One member representing rural or critical access hospitals;
- 16          C. One member representing community health centers;
- 17          D. One member representing nursing home providers;
- 18          E. One member representing commercial health insurers;
- 19          F. One member representing small businesses;
- 20          G. One member representing patients or families impacted by health care affordability
- 21          challenges; and
- 22          H. One actuary; and
- 23          3. The following members, serving in ex officio capacity:
- 24          A. The Superintendent of Insurance or the superintendent's designee;
- 25          B. The Commissioner of Health and Human Services or the commissioner's designee;
- 26          C. The executive director of the Maine Health Data Organization or the executive
- 27          director's designee; and
- 28          D. The executive director of the Office of Affordable Health Care or the executive
- 29          director's designee.
- 30          **Sec. 3. Chairs. Resolved:** That the first-named Senate member is the Senate chair
- 31          and the first-named House of Representatives member is the House chair of the
- 32          commission.
- 33          **Sec. 4. Appointments; convening of commission. Resolved:** That all
- 34          appointments must be made no later than 30 days following the effective date of this
- 35          resolve. The appointing authorities shall notify the Executive Director of the Legislative
- 36          Council once all appointments have been completed. After appointment of all members,
- 37          the chairs shall call and convene the first meeting of the commission, which must be no
- 38          later than 30 days following the appointment of all members. If 30 days or more after the

1 effective date of this resolve a majority of but not all appointments have been made, the  
 2 chairs may request authority and the Legislative Council may grant authority for the  
 3 commission to meet and conduct its business.

4 **Sec. 5. Duties; meetings. Resolved:** That the commission shall examine cost  
 5 drivers across the health care system, including health care delivery, insurance markets,  
 6 pharmaceutical spending, workforce costs, regulatory structures and social determinants  
 7 affecting the use of the health care system. In its examination, the commission shall:

8 1. Engage stakeholders, including patients and families, health care providers,  
 9 employers, labor organizations, rural communities, tribal leaders, pharmacy representatives  
 10 and behavioral health providers;

11 2. Analyze drivers of health care and health insurance costs and evaluate major  
 12 contributors to rising premiums and health care costs, including hospital and health system  
 13 costs, physician and clinical services, pharmaceutical prices, administrative costs, health  
 14 insurer practices, workforce patterns and labor costs, usage patterns and population health,  
 15 market consolidation and competition and the impact of federal and state policies;

16 3. Examine state-specific market factors and structural issues, including rural health  
 17 care delivery challenges, the State's aging population, small risk pools, workforce  
 18 shortages, high chronic disease burden, cost shifting between payers, Medicaid and  
 19 Medicare reimbursement levels, commercial insurance reimbursement levels, employer-  
 20 sponsored insurance trends, patient boarding in acute care beds and emergency departments  
 21 and regional and population-specific health care needs;

22 4. Compare the State to other rural states regarding population, hospital payer mix and  
 23 health care infrastructure; and

24 5. Develop policy recommendations and produce actionable recommendations,  
 25 including, but not limited to, short-term and long-term structural reforms, market  
 26 transparency, payment reforms, workforce strategies, prevention and population health  
 27 investments and regulatory reform.

28 **Sec. 6. Staff assistance. Resolved:** That the Legislative Council shall provide  
 29 necessary staffing services to the commission, except that Legislative Council staff support  
 30 is not authorized when the Legislature is in regular or special session.

31 **Sec. 7. Report. Resolved:** That, no later than November 4, 2026, the commission  
 32 shall submit a report that includes its findings and recommendations, including suggested  
 33 legislation, to the joint standing committee of the Legislature having jurisdiction over  
 34 health and human services matters and to the joint standing committee of the Legislature  
 35 having jurisdiction over health coverage, insurance and financial services matters. The  
 36 committees are each authorized to report out legislation related to the report of the  
 37 commission to the 133rd Legislature in 2027.

38 **Emergency clause.** In view of the emergency cited in the preamble, this legislation  
 39 takes effect when approved.'

40 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section  
 41 number to read consecutively.

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**SUMMARY**

This amendment, which is the minority report of the committee, replaces the bill with a resolve. It establishes the Commission to Study Health Insurance Costs and Fair Pricing in Health Care. The commission consists of 22 members and is directed to study the drivers of rising health insurance premiums and health care costs in Maine and recommend policy solutions that improve the cost of care while protecting access to needed services and maintaining a stable health care system. The commission must submit a report that includes its findings and recommendations, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters and to the joint standing committee of the Legislature having jurisdiction over health coverage, insurance and financial services matters. The committees are each authorized to report out legislation related to the report of the commission. The amendment adds an emergency preamble and emergency clause.

**FISCAL NOTE REQUIRED**

(See attached)



# 132nd MAINE LEGISLATURE

LD 2196

LR 2841(03)

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

**Fiscal Note for Bill as Amended by Committee Amendment "B" (H-1034)**  
**Committee: Health and Human Services**

**Fiscal Note Required: Yes**

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## Fiscal Note

### Legislative Cost/Study

#### Legislative Cost/Study

The general operating expenses of this study are projected to be \$1,400 in fiscal year 2025-26 and \$1,650 in fiscal year 2026-27. The Legislature's budget for the 2026-2027 biennium includes \$7,253 in fiscal year 2025-26 and \$17,696 in fiscal year 2026-27 for the costs of legislative studies, as well as \$41,338 of balances carried over from prior fiscal years for this purpose. Whether these amounts are sufficient to fund all studies will depend on the number of studies authorized by the Legislative Council and the Legislature. The additional costs of providing staffing assistance to the study during the interim can be absorbed utilizing existing budgeted staff resources.

#### Fiscal Detail and Notes

Additional costs to departments and agencies participating in the work of the commission are assumed to be minor and can be absorbed within existing budgeted resources.