An Opportunity for Healthcare Reform in Maine

by Daniel Bryant

INTRODUCTION

Problems with the healthcare system in Maine have received much attention in recent years. On the consumer side, Mainers face problems paying for healthcare; for example, a survey released by the nonprofit Consumers for Affordable Health Care reports that nearly half of Maine households have incurred medical debt and two out of three of them had health insurance at the time (DRI 2023). Mainers continue to have issues with narrow provider networks (Maine Bureau of Insurance n.d.) and increasing nonfinancial barriers to care (Becker and Rhodes 2025), as a recent study finds that Maine ranks 44th in access to care.[1] As a result of the One Big Beautiful Bill Act, nearly 40,000 Mainers are at risk of losing health insurance coverage (FamiliesUSA 2025), and premiums for many covered through Maine's Health Insurance Marketplace will increase by 77 percent following expiration of the Enhanced Premium Tax Credits (Lawlor 2026).

On the other side of the equation, Maine's medical facilities, such as hospitals, nursing homes, and birthing centers are closing, often for financial reasons (Gale 2025; Mills 2025), and they are increasingly vulnerable to private equity and corporate takeover (Perry 2026; Sheetz 2025). Hospitals closing or reducing services contribute to Maine's "worsening rural maternity crisis" (Mills 2025). Additionally, Maine continues to face a shortage of healthcare workers (DHHS 2023), and our healthcare workforce is experiencing mounting professional stresses and burnout (Berg 2022). Physicians and other healthcare professionals suffer from burnout because of the administrative complexity they face (Shanafelt 2025) and moral injury because of the tension they feel between their obligation to meet productivity demands and the medical professionalism they modeled in medical school (PNHP 2026).

After a review of three major approaches Maine legislators have taken to address these and related problems—establishing commissions or boards, proposing bills to address specific problems, and proposing systemic reform—I will discuss a simple, practical opportunity for legislators to address them: appointing the Maine Health Care Board as established in law in 2021.

PREVIOUS REFORM EFFORTS

Commissions or Boards

Over the last 30 years, legislators have created commissions or boards to identify problems in, and suggest solutions for, our healthcare system. The Maine Health Care Reform Commission of 1995 concluded that neither a single-payer (publicly financed universal healthcare) or a multipayer universal system was feasible. The commission did, however, recommend some incremental reforms (extending Medicaid to include children in families with incomes up to 250 percent of the poverty line and relying on market forces to contain costs, augmented by a state-sponsored insurance-purchasing cooperative [Wihry 1996]).[2] On the other hand, the Health Care System and Health Security Board, formed in 2001, commissioned Mathematica to do a fiscal analysis of a single-payer plan and concluded "that a single-payer healthcare system providing universal coverage appears to be financially feasible" (McCarthy Reid 2003: ii). There was, however, no follow-up. In 2010, the Joint Select Committee on Health Care Reform Opportunities and Implementation issued its final report, including its duty to "determine how the ACA law affects the ability of the State to adopt a system of universal healthcare through an alternative mechanism like a single-payer plan or other plan for universal coverage" (McCarthy Reid and Nolan 2010: iv). Again, no further action was taken. The Task Force on Health Care Coverage for All of Maine issued its report in 2018, with a limited number of recommendations around drug costs and monitoring of various healthcare proposals (McCarthy Reid and Dooling 2018). And in 2021, a Maine Health Care Board was established as an amendment of LD 1045 (An Act to Support Universal Health Care). Although the act was passed into law (Public Law 2021, Chapter 391) and the board is referenced in the Maine Insurance Code (Title 24-A, Chapter 97, §7502), members have not been appointed to the board.

Despite countless meetings and the efforts of many experts, this approach has achieved only limited reform. One reason is that, out of an abundance of fairness, the members appointed to various boards and commissions have included most major stakeholders. As a

result, these entities could only agree on minor reforms. In the case of the Maine Health Care Board, the board was never appointed largely because of language making its appointment contingent on federal action, which has not occurred.

Specific Legislation

Over this same time span, legislators have also proposed many bills to address specific problems in the healthcare system. In 2003, the legislature passed LD 1611 (An Act To Provide Affordable Health Insurance to Small Businesses and Individuals and To Control Health Care Costs) establishing Dirigo Health, which created a voluntary healthcare plan giving employers with fewer than 50 employees, the self-employed, and individuals an option to purchase private coverage. The program was discontinued in 2013, as a result of limited enrollment and implementation of the Affordable Care Act in 2010. In 2021, LD 120 (An Act To Lower Health Care Costs through the Establishment of the Office of Affordable Health Care) established the Office of Affordable Health Care, which has focused on collection of healthcare data and published excellent papers on the public option and MaineCare eligibility and marketplace subsidies but has not addressed more comprehensive reform. In 2025 alone, the 132nd Legislature proposed 125 separate bills with the subject of healthcare. For example, LD 743 (An Act to Increase the Availability and Affordability of Health Care by Eliminating Certificate of Need Requirements) proposed eliminating the certificate of need that current law requires before additional healthcare services and procedures can be introduced in a market area but was voted as ought not to pass. LD 985 (An Act to Impose a Moratorium on the Ownership or Operation of Hospitals in the State by Private Equity Companies or Real Estate Investment Trusts) was passed, but only after being amended to apply for one year. A bill dealing with out-of-network charges (LD 1152: An Act to Expand the Right to Shop for Health Care Services) was voted as ought not to pass. On the other hand, LD 1511 (An Act to Expand Direct Health Care Service Arrangements), clarifying contracts between certain healthcare professionals and patients who pay set fees (direct care model), was passed. LD 1899 (An Act to Eliminate Taxation on Health Care Spending), a bill allowing deduction of medical and dental expenses for income tax purposes, was defeated. LD 1580 (An Act to Prohibit Carriers and Pharmacy Benefits Managers from Using Spread Pricing), limiting the fees pharmacy benefit managers may charge, passed as did LD 2088 (An Act to Increase Access to Primary Care Provided by Physician Associates), which reduces requirements for physician oversight of physician associates. LD 2196 (An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care) aimed to cap hospital prices to lessen overall healthcare costs but did not make it out of committee.

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Although these more focused healthcare reforms have been more effective than the commissions or boards were, they also have had limited impact on Maine's healthcare system. One reason for this limited impact is that the Maine legislators are part-time and usually do not have specialized training in healthcare policy, and they have to make decisions on complex healthcare bills while deciding on many other bills and while subjected to lobbying pressure from well-funded stakeholders. That legislators have achieved what they have, despite these factors, is admirable. Another reason for this limited impact is due to the nature of the healthcare system: altering one aspect of such a complex and interconnected system will often have unforeseen consequences, also known as the butterfly effect. Take the example of LD 2196, capping hospital prices. If that bill had passed, some, especially rural, hospitals would have closed or reduced services or staffing; some might have sought other ways to increase revenues, not necessarily benefiting their communities; some might have merged, potentially increasing prices; and some might have fallen prey to corporate and private equity firms.

Systemic Reform

The third approach to reform that the Maine Legislature has pursued—systemic reform—has usually consisted of proposals to replace the present hybrid public and private system with one in which the state government ensures healthcare coverage of all Maine residents (universal healthcare). Examples from 1993 on are shown in Table 1.

This approach has produced truly comprehensive bills, which have, however, regularly failed to emerge intact from committee work sessions. There are several reasons for this outcome: again, their complexity in the face of the huge number of other bills competing for legislators' time, the anticipation of the size of the effort required to implement the plans, the uncertainty of the

TABLE 1: **Systemic Healthcare Reform Proposals in Maine Since 1993**

Bill	Title	Year
LD 1285	An Act to Provide Family Security through Quality, Affordable Health Care	1993
LD 1365	An Act to Establish a Single-payer Health Care System	2009
LD 1397	An Act to Establish a Single-payer Health Care System to Be Effective in 2017	2011
LD 815	An Act to Establish a Unified-payor, Universal Health Care System	2015
LD 384	Resolve, to Study the Design and Implementation of Options for a Universal Health Care Plan in the State That Is in Compliance with the Federal Patient Protection and Affordable Care Act	2015
LD 386	An Act to Establish Universal Health Care for Maine	2017
LD 1274	An Act to Promote Universal Health Care, Including Dental, Vision and Hearing Care	2017
LD 1611	An Act to Support Universal Health Care	2019
LD 1045	An Act to Support Universal Health Care	2021
LD 1883	An Act to Enact the All Maine Health Act	2025
LD 1269	Resolve, to Study the Costs and Funding of a Universal Health Care Plan for Maine	2025

cost of transitioning from the current system, the challenge of maintaining the proposed system once implemented, and the opposition of those who would stand to lose money or influence should such reform occur (for example, insurance and pharmaceutical companies, practice and pharmacy benefit managers, third-party administrators, billing software companies, some providers).

COMPREHENSIVE REFORM OPPORTUNITY

The one exception to the failures to comprehensively address problems in our healthcare system is LD 1045, which, as amended, established in law the Maine Health Care Act. The board established by this law was charged with creating a Maine Health Care Plan "to provide for all medically necessary health care services for all residents of this State" (MRS Title 24-A, Ch. 97 §7502). The Maine Health Care Act does not take effect, however, until "the State obtains a waiver for a state-based universal health care plan and receives federal financing to support the implementation of such a plan." Maine legislators did introduce a resolution asking the federal government to establish "a Federal Waiver Process for States to Establish a Universal Health Care Plan" but that did not pass.[3]

Several observers, including the healthcare advocacy nonprofit Maine AllCare, with which I am associated, have pointed out that if the Maine Health Care Act's contingency language were removed, the governor could appoint the board, which could then begin work on a healthcare plan for the state. But why, some might ask, would this board be any more effective than the boards and commissions I have described earlier in this commentary? Several reasons come to mind.

1. Board members would feel increased pressure to consider significant, comprehensive reform because many of the healthcare-related problems listed in the Introduction have occurred or worsened since 2021. In addition, Maine has seen a 22 percent increase in per capita healthcare expenditure between 2021 and 2024 compared to *only* a 13 percent increase between 2016 and 2019.[4]
2. This new board is limited to patients, providers, and employers, with access to expert consultants, which would make it harder for disparate stakeholders to divert the board's attention from their charge to develop a universal healthcare plan.
3. The board's charge is more specific than that of previous boards and commissions and includes studying and developing a plan "to provide for all medically necessary health care services for all residents of the State"; determining what would be involved in implementing the system; conducting or contracting for "any necessary actuarial and economic analysis needed to support the development of a plan."
4. The board would have recent examples of other states' proposals for universal healthcare and fiscal analyses, such as those in Colorado, Oregon, California, and New York.
5. The Maine Center for Economic Policy revised their 2019 fiscal study of a universal healthcare plan for Maine in 2024, and the new study also shows the fiscal feasibility of such a plan (Myall 2019, 2024).
6. Legislators and the public can be reassured that any plan would not be implemented until the Health and Human Services Secretary has approved any needed specific waiver applications and the legisla-

ture has given final approval of the plan. It should be noted that these specific waivers are different from the Maine Health Care Act's "waiver to establish a state-based universal health care plan," which made board appointment contingent on federal action. These specific waivers cannot even be identified until the board has been appointed and has determined what specific waivers the plan might need.

7. In its 2023 healthcare reform statement, the Maine Medical Association states that, "The Maine Medical Association, therefore, calls upon the Legislature and Governor of Maine to achieve and maintain universal access to regular health care services".[5] This suggests that the main physician organization in the state would now support major recommendations by the board.
8. Governor Mills now supports universal healthcare, at least at the national level, as do several of the 2026 gubernatorial candidates (Maine AllCare 2025). Governor-level support for the board would facilitate its work.
9. There is a growing need for state supervision and coordination of its healthcare system to protect against looming threats from AI (Chustecki 2024).

SUMMARY

Due to worsening problems in our healthcare system over the years, Maine legislators have taken three major approaches to reform it—establishing commissions or boards, proposing bills to address specific problems, and proposing systemic reform. Although none of these past approaches achieved comprehensive, coordinated reform, I argue that by removing certain contingency language from Maine's Public Law 2021, chapter 391, legislators would allow the governor to appoint the Maine Health Care Board. The board could then begin evaluating a "Maine Health Care Plan to provide for all medically necessary health care services for all residents of this State." I provide a number of reasons why this board would be more effective than previous boards and commissions in achieving comprehensive healthcare reform.

NOTES

1 "Self-Reported Healthcare Experiences: Maine," Center on Healthcare, https://westhealth.gallup.com/explore/scorecards/maine?tab=access

2 The Maine Health Care Reform Commission Draft Report is available through the Maine State Law and Legislative Reference Library.

3 Joint Resolution Memorializing the Federal Government to Establish a Federal Waiver Process for States to Establish a Universal Health Care Plan, Maine State Legislature, 2021, https://legislature.maine.gov/legis/bills/getPDF.asp?paper=SP0585&item=1&snum=130

4 "Per Capita Personal Consumption Expenditures: Services: Health Care for Maine [MEPCEPCHLTHCARE]," US Bureau of Economic Analysis, Federal Reserve Bank of St. Louis. https://fred.stlouisfed.org/series/MEPCEPCHLTHCARE

5 "Maine Medical Association Statement on Reform of the U.S. Health Care System," Maine Medical Association, https://mainephysicians.org/advocacy/policy-statements/

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