



132nd MAINE LEGISLATURE

SECOND REGULAR SESSION-2026

Legislative Document

No. 2190

H.P. 1471

House of Representatives, February 3, 2026

**An Act to Implement Certain Changes in the Certificate of Need
Laws Recommended by the Commission to Evaluate the Scope of
Regulatory Review and Oversight over Health Care Transactions
That Impact the Delivery of Health Care Services in the State**

Reported by Representative MATHIESON of Kittery for the Joint Standing Committee on Health Coverage, Insurance and Financial Services pursuant to Resolve 2025, chapter 106, section 8.

Reference to the Committee on Health Coverage, Insurance and Financial Services suggested and ordered printed pursuant to Joint Rule 218.

R. B. Hunt
ROBERT B. HUNT
Clerk

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 22 MRSA §328, sub-§23-A** is enacted to read:

3 **23-A. Private equity company.** "Private equity company" means an entity whether
4 or not publicly traded that collects capital investments from individuals or entities.

5 **Sec. 2. 22 MRSA §328, sub-§24-A** is enacted to read:

6 **24-A. Real estate investment trust.** "Real estate investment trust" has the same
7 meaning as in the United States Internal Revenue Code of 1986, Section 856.

8 **Sec. 3. 22 MRSA §331, sub-§1, ¶A-1** is enacted to read:

9 **A-1. There is a change in the ownership structure or operational control of a health**
10 care facility involving a private equity company or real estate investment trust;

11 **Sec. 4. 22 MRSA §335, sub-§1, ¶F**, as amended by PL 2023, c. 343, §3, is further
12 amended to read:

13 F. In the case of a nursing facility project that proposes to add new nursing facility
14 beds to the inventory of nursing facility beds within the State, is consistent with the
15 nursing facility MaineCare funding pool and other applicable provisions of sections
16 333-A and 334-A; and

17 **Sec. 5. 22 MRSA §335, sub-§1, ¶G**, as enacted by PL 2023, c. 343, §4, is amended
18 by amending subparagraph (2) to read:

19 (2) After considering all reasonable alternatives, that access to other health care
20 services will be substantially reduced if the project is not approved; and

21 **Sec. 6. 22 MRSA §335, sub-§1, ¶H** is enacted to read:

22 **H. Does not negatively affect the affordability and accessibility of health care services**
23 for all residents of the State.

24 **Sec. 7. 22 MRSA §335, sub-§5-A, ¶H**, as amended by PL 2023, c. 343, §5, is
25 further amended to read:

26 H. Except with regard to a project related to nursing facility services, a written
27 assessment by the Director of the Maine Center for Disease Control and Prevention of
28 the impact of the project on the health of persons living in the State, including without
29 limitation an assessment of the impact of the project on access to, geographic proximity
30 of, timeliness of and quality of any family planning services, as defined in section 1902,
31 subsection 4, and any abortion services; and

32 **Sec. 8. 22 MRSA §335, sub-§5-A, ¶I**, as amended by PL 2013, c. 424, Pt. B, §9,
33 is further amended to read:

34 I. Except with regard to a project related to nursing facility services, or a project that
35 qualifies for a simplified review process under section 336, a written assessment by the
36 Superintendent of Insurance of the impact of the project on the cost of insurance in the
37 region and the State when required by the commissioner. The superintendent may
38 request additional information from the applicant for the purpose of reviewing the
39 application. Any such request must be transmitted through the department and
40 becomes part of the official record. The applicant shall respond to the request within

1 30 days. Any such response must be transmitted through the department and becomes
2 part of the official record. The inability of the superintendent to complete the review
3 of the application due to the failure of the applicant to respond timely must be noted in
4 the superintendent's assessment filed with the department and may be cause for the
5 commissioner to deny approval of the project.; and

6 **Sec. 9. 22 MRSA §335, sub-§5-A, ¶J** is enacted to read:

7 J. With regard to a project that involves a transfer of ownership or acquisition of
8 control of a health care facility pursuant to section 329, subsection 1, an analysis by
9 the staff of the department of the extent to which the applicant's ownership structure
10 involves a private equity company or real estate investment trust and the impact of that
11 ownership structure on the ability of the applicant to meet the conditions set forth in
12 subsection 1 and subsection 7. The department shall contract with a consultant funded
13 by the applicant to review and investigate the prior activities and conduct of any private
14 equity company or real estate investment trust associated with the project and may also
15 consult with the Attorney General to complete the analysis required by this paragraph.

16 SUMMARY

17 This bill is reported out by the Joint Standing Committee on Health Coverage,
18 Insurance and Financial Services pursuant to Resolve 2025, chapter 106 to implement a
19 recommendation from the Commission to Evaluate the Scope of Regulatory Review and
20 Oversight over Health Care Transactions That Impact the Delivery of Health Care Services
21 in the State. The joint standing committee has not taken a position on the substance of this
22 bill. By reporting this bill out, the joint standing committee is not suggesting and does not
23 intend to suggest that it agrees or disagrees with any aspect of this bill; instead, the joint
24 standing committee is reporting the bill out for the sole purpose of having a bill printed that
25 can be referred to a joint standing committee for an appropriate public hearing and
26 subsequent processing in the normal course. The joint standing committee is taking this
27 action to ensure clarity and transparency in the legislative review of the proposals contained
28 in the bill.

29 This bill expands the criteria considered during a review under the certificate of need
30 laws to include consideration of a project's impact on affordability and accessibility of
31 health care for all Maine residents.

32 The bill also expands the scope of review under the certificate of need laws when there
33 is a change in ownership or control of a health care facility to require a review and analysis
34 of the extent to which the applicant's ownership structure involves a private equity company
35 or real estate investment trust. The bill requires the Department of Health and Human
36 Services to contract with a consultant funded by the applicant to review and investigate the
37 prior activities and conduct of the private equity company or real estate investment trust
38 and authorizes the department to consult with the Attorney General. Finally, the bill
39 broadens the authority of the department to conduct subsequent reviews of an applicant for
40 a certificate of need when there is a change in ownership or control of a health care facility.