Maine Strategies to
Address Consolidation and Promote Competition

Consolidation Oversight

Consolidation oversight refers to the processes by which state regulators review mergers and acquisitions of health care entities to ensure they do not harm competition or increase consumer costs. This section examines whether state law or statutes require increased oversight of hospital consolidation transactions that exceed federal notification requirements, such as whether the state has the authority to approve, reject, or impose conditions on health care transactions to protect affordability and competition or if the state review standards require regulators to assess the impact of a consolidation on health care prices and affordability, not just market concentration. Specific strategies examined include:

Transaction Notification Requirements

Authority to Modify or Reject Consolidation Transactions

Affordability Criteria Included in Transaction Review

Facility Fee Limits

Facility fees are charges for services provided in outpatient and physician office settings that hospitals own. These fees are becoming increasingly more common as the rate of health system consolidation has accelerated. As hospitals acquire more outpatient practices, these fees are increasingly applied, raising patient costs and disproportionately affecting communities already facing financial challenges, such as rural and minority populations. States may prohibit facility fees outright, or impose other regulatory mechanisms such as facility transparency laws, requiring hospitals to disclose facility fees separately from professional service charges, or establishing limits on patient cost-sharing for facility fees. The strategies examined in this section include:

Prohibitions on Facility Fees

Facility Fee Transparency Laws

Limits on Facility Fee Cost-Sharing

Anti-Competitive Contract Provisions

Anti-competitive contracting is a pattern of contracting between health care providers and insurers where one party gains unfair advantages over potential competitors. States can enact regulations that limit dominant health systems from abusing their market power in ways that increase prices. This section evaluates whether states prohibit four types of anti-competitive contracting practices in the health system, including:

Restrictions on All-or-Nothing Contract Provisions: These clauses require plans to contract with all providers in a health system or none of them, even if those providers are low-value or high-cost.

Restrictions on Anti-Tiering and Anti-Steering Contract Provisions: These clauses require insurers to place favored providers in higher tiers regardless of cost or quality (anti-tiering) and restrict directing patients to higher value care from competitors (anti-steering).

Restrictions on Most Favored Nation Clauses: These clauses require health systems to agree to not to offer lower prices to competing insurers, preventing them from providing services at a lower price. These provisions may allow insurers and providers to collude to raise prices.

Restrictions on Physician Non-Competes: Physicians noncompete clauses restrict providers ability to work at other health systems in an area, minimizing providers ability to practice medicine.

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Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	The Attorney General must be notified of a conversion transaction involving a nonprofit hospital or medical service organization when the fair market value of the assets to be converted is less than $500,000. If the fair market value of assets to be converted is greater than or equal to $500,000 then the courts must be notified to provide approval. Change of ownership of health facilities are also subject to a Certificate of Need review.
Authority to Modify or Reject Consolidation Transactions	Has authority to approve, set conditions, or disapprove consolidation transactions	Conversation transactions involving a nonprofit health facility valued at $500,000 or more must obtain court approval. Conversion transactions involving a nonprofit health facility with a fair market value between $50,000 and $500,000 must be approved by the Attorney General, or the court if the Attorney General does not approve the transaction.
Affordability Criteria included in Transaction Review	Does not include consumer affordability or price growth in review criteria, approval conditions, or both	Review criteria include maintaining accessibility of services for communities affected by the transaction, however they do not address affordability.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	State prohibits provider from charging a facility fee for specified procedures, care settings, or both	Maine prohibits providers from charging facility fees for services provided in on- and off-campus office settings.
Facility Fee Transparency Laws	State requires providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	Maine requires that providers that charge facility fees must display that they charge a facility fee, that fees may be less at another location, and how to access information about facility fees via the Maine Health Data Organization website.
Limits Cost-Sharing for Facility Fees	The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

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Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	During the 2025 legislative session Maine lawmakers introduced a bill to ban all-or-nothing clauses, but it failed in committee.
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	During the 2025 legislative session Maine lawmakers introduced a bill to ban anti-tiering and anti-steering clauses, but it failed in committee.
Restricts Physician Noncompete Clauses	⊗ No statutes limiting physician non-competes	
Restricts Most-Favored Nation Contract Provisions	● Law restricts Most Favored Nation contract provisions	Maine bans Most Favored Nation clauses in provider contracts, prohibiting guaranteed best rates or disclosure of reimbursement rates. However, providers or insurers can challenge this presumption, and the superintendent may grant waivers if the clause is not deemed anti-competitive, considering factors like competition, quality, market share, and pricing stability.

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

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With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all by applying research-based and field-tested solutions that transform our systems of health and health care.