Good afternoon Senator Tipping, Representative Roeder, and distinguished members of the Committee on Labor and House. My name is Angela Westhoff, and I serve as the President & CEO of the Maine Health Care Association. We represent approximately 200 nursing homes, assisted living, and residential care facilities (also known as Private Non-Medical Institutions or PNMIs) across the state. Our mission is to empower members to ensure the integrity, quality, and sustainability of long term care in Maine.

I am here today to present testimony neither for nor against *LD 1639, An Act to Address Unsafe Staffing of Nurses and Improve Patient Care*. This bill establishes minimum direct-care registered nurse staffing requirements for hospitals, free standing emergency departments and ambulatory care settings based on patient care unit and patient needs and specifies the method to calculate a health care facility's compliance with the staffing requirements.

Maine’s long term care facilities already have minimum staffing requirements.¹ While I am not here to judge the adequacy of what the Maine Quality Care Act proposes, I am here today to share with you the reality of Maine’s current staffing crisis. The COVID-19 pandemic disrupted our industry, resulting in a nationwide thirteen-year low of long term care workers in the United States. 85% of Maine’s recently surveyed long term care facilities are facing a staffing
shortage. Even before 2020, recruiting and retaining employees at long-term care facilities had been incredibly difficult when employers from other industries offer more pay and benefits.

The workforce shortage has major implications for our health care system. We estimate that we lost between 10 and 15% of the direct care workforce, including CNAs, RNs and LPNs in our sector. Every part of the health care continuum is struggling to find workers. When we are not able to fully staff our buildings, we end up having to close to new admissions or take beds offline. This means access to long term care is reduced at time when demand continues to grow. In addition, long term care facilities are then forced to rely upon extremely costly temporary nurse agencies to fill our staffing needs and comply with our minimum staffing ratios. This is exponentially driving up the cost of care.

In Maine, it is estimated there will be a shortage of 2,700 nurses by 2025 — a slight decrease from the previous projection of 3,200 based on a 2017 analysis by the Center for Health Affairs. However 2,700 nurses is far from breaking even. Nurses are retiring and leaving the field at an alarming rate. In a rural and aging state like Maine, nurses are in great demand.

Sadly, there just aren’t nurses to fill all the positions across the health care continuum, and the education and training pipeline takes time. If this bill passes, hospitals will have no choice but to recruit away our nurses thereby further destabilizing access to long term care in Maine. Since the beginning of the pandemic, we have had 15 long term care facilities close and a recent announcement that additional closures are coming. Long term care is funded 70% by MaineCare so we can’t afford to absorb additional wage increases to compete or cost shift to other payors.

Thank you for the opportunity to provide comments today, and I would be happy to answer any questions.

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1 Maine’s Nursing Facility Minimum Staffing Requirements are viewable at: https://www.maine.gov/sos/cec/rules/10/144/ch110/14411009.doc