Testimony of Sarah Calder, MaineHealth
In Support of LD 2131, "An Act to Preserve and Improve Access to Nursing Facility Services in the State"
February 11, 2025

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in support of LD 2131, "An Act to Preserve and Improve Access to Nursing Facility Services in the State."

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 24,000 care team members support our vision of "Working Together so Our Communities are the Healthiest in America" by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab. We also operate several nursing facilities that provide long-term care to our communities.

Despite having the oldest population in the nation, Maine has the fewest skilled nursing facility beds per 1,000 residents in the entire Northeast. In fewer than ten years, the state has lost 29 nursing homes—15 of them since 2021 alone. The chart attached to my testimony illustrates a stark reality: the gap between the number of Mainers who will need long-term care and the number of available beds is widening rapidly, with no sign of reversing under current policy.

As a direct result of this crisis, Maine Medical Center – Portland was forced several years ago to open a 42-bed nursing unit dedicated to patients who are medically cleared for discharge but have no safe or appropriate placement available. That unit remains fully staffed and is currently caring for 36-42 patients every day.

Across the MaineHealth system, on any given day, approximately 100 patients are awaiting residential placement. Their average length of stay exceeds 50 days. Last year alone, we were forced to send 104 patients out of state simply because no nursing facility bed was available in Maine.

This is not patient-centered care. It delays access to hospital services for patients who truly need acute care, separates individuals from their families and support systems, and places enormous financial strain on an already fragile health care system. Once patients' acute episodes are resolved, many no longer have a payer source. As a result, MaineHealth estimates that caring for these patients in our hospitals costs more than $100 million annually – $100 million in unreimbursed care, which ultimately contributes to higher health care costs. This is not

sustainable. Hospitals that are themselves operating on the financial edge cannot continue to serve as the default safety net for a residential system that is failing.

For these reasons, MaineHealth supports LD 2131 as an important step toward stabilizing nursing facility services in Maine. However, it cannot be the only step. To meet the needs of our rapidly aging population, we must also be willing to make difficult, but necessary decisions about what we want Maine's health care system to look like in the future. Outdated policies, like budget neutrality, continue to stand in the way of a sustainable system of care, and we cannot allow the pursuit of perfection to stand in the way of meaningful progress.

LD 2131 moves us in the right direction, and we urge the Committee to support it as part of a broader effort to ensure that Maine's most vulnerable residents have access to the care they need, in the right setting, at the right time.

Thank you for the opportunity to testify and I would be happy to answer any questions that you may have.