Testimony of Tithmealea Lewis, MSN, RN, CENP, MaineHealth
In Support of LD 2166, "Resolve, Regarding Legislative Review of Chapter 6:
Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel
by Registered Professional Nurses"
February 11, 2025

Senator Bailey, Representative Mathieson, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am Tithmealea Lewis, MSN, RN, CENP, Nursing Director at MaineHealth Maine Medical Center in Biddeford and Sanford, and I am here to testify in support of LD 2166, "Resolve, Regarding Legislative Review of Chapter 6: Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses."

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 almost 24,000 care team members support our vision of "Working Together so Our Communities are the Healthiest in America" by providing high-quality and efficient care, which is demonstrated by the numerous national quality recognitions our hospitals have received and the fact that Maine was recently named as "Top State of the Decade for Patient Safety" by Leapfrog

The legislation before you today allows the Board of Nursing to finalize a rule that reflects how nursing care is delivered today, while maintaining the Board's core mission of protecting public health and safety.

Delegation is not about handing off responsibility. It is about using the full healthcare team appropriately while Registered Nurses (RNs) remain accountable for patient outcomes. Recent nursing research consistently shows that when delegation expectations are clear, when roles, supervision, and communication are well defined, teams function more effectively and patient care is safer. Conversely, when delegation rules are unclear or inconsistent, nurses experience confusion, missed care, and avoidable risk.

Chapter 6 directly addresses these challenges. It provides clear guidance for how RNs assess patient stability, verify unlicensed assistive personnel (UAP) competency, communicate expectations, supervise delegated tasks, and step back in when a patient's condition changes. These are the safeguards nurses rely on every day and having them clearly defined in rule protects both patients and the workforce.

From a practical standpoint, Chapter 6 makes nursing work more efficient and less fragmented. Clear delegation standards reduce time spent clarifying scope, second guessing decisions, or correcting misunderstandings. Nurses can confidently delegate appropriate, routine tasks and

focus their expertise where it is most needed—clinical assessment, patient education, coordination of care, and early recognition of deterioration.

This clarity also improves teamwork. Nursing assistants consistently report that knowing exactly what is expected of them, when to escalate concerns, and how supervision works makes them feel more supported and engaged. Chapter 6 creates a shared framework so everyone is working from the same understanding.

Most importantly, this rule improves patient care. When RNs are able to delegate safely and appropriately, they have more time to spend with patients who are unstable, complex, or at higher risk. This supports better monitoring, faster intervention, and stronger communication with patients and families.

Chapter 6 supports patient safety by ensuring delegation is intentional, structured, and grounded in professional judgment, helping us protect patients while supporting nurse retention.

For example, if LD 2166 were to pass, RNs would be able to delegate assisted feeding to trained UAPs for patients who are stable and have no identified swallowing risks. When UAPs are properly trained and supported, they can help patients who simply need assistance setting up their meal, cueing, or basic hand over hand support. The RN remains responsible for assessing the patient's condition, monitoring for choking or aspiration risk, and evaluating nutritional needs.

Allowing UAPs to assist with feeding in appropriate situations not only enhances patient dignity and mealtime support, but also frees RNs to focus on higher acuity needs—improving both workflow and patient care. This is a thoughtful, compassionate use of the care team that many organizations rely on, and with clear delegation standards, Maine nurses could benefit from the same safe, team-based approach. Chapter 6 supports this common and effective practice by clearly outlining roles, responsibilities, and accountability—benefiting both patients and the care team.

LD 2166 allows the Board of Nursing to finalize a thoughtful, evidence-based rule that supports safe delegation, strong teamwork, and high-quality patient care across Maine. It provides nurses with clarity, protects patients through consistent standards, and strengthens our healthcare system during a time of significant workforce strain.

I respectfully urge you to support LD 2166 and authorize final adoption of Chapter 6. Thank you for your time, your consideration, and your continued commitment to the health of Maine people. I would be happy to answer any questions that you may have.