

I write in support of LD 1406, Section 4 based on my experience as my late husband's caregiver. My husband had Parkinson's Disease for 19 years and required significant support and care in the last seven years of his life.

One in seven Americans is serving as a caregiver at any given time.ⁱ Caregivers are usually untrained friends or family members with no experience in health care or social services. They are learning about their loved one's health, financial and social needs on the fly, often during a crisis.

Those with serious or chronic health issues often have multiple conditions, posing additional challenges. Health insurance regulations are complex and confusing, and trying to navigate and juggle all of these demands is overwhelming. The demands of caregiving are often impossible to reconcile with the caregiver's employment, leading many to lose income or their jobs altogether.ⁱⁱ

Most of us would like to remain in our homes for as long as possible, even dying at home if we can be supported and kept comfortable there. It is undeniable that, in addition to being our preferred living situation, remaining at home with adequate support is dramatically less expensive than alternative living in either an assisted living situation or nursing home. The shortage of paid home healthcare workers (assuming a patient or family can afford it), adds to the burden on unpaid caregivers.

Those without support at home have no choice but to seek out long-term care, which is also scarce due to workforce shortages. Even those who are able to find such a placement often eventually exhaust their own resources, at which point the taxpayers bear the cost of supporting them through MaineCare.

Engaging and supporting caregivers is dramatically less expensive than paying for nursing home care, is better for the patient, reduces stress and health costs for the caregiver, and is good public policy.

There is evidence to indicate that supporting caregivers delays nursing home admission.ⁱⁱⁱ It makes sense, therefore, to adequately support caregivers – for their own sakes, as well as those for whom they are caring.

Maine has taken a step forward by making available some funds by which caregivers who lost their employment during the COVID pandemic to

provide for a loved one can be paid. However, this funding is limited and only available to those who had to give up their jobs during the pandemic.

Maine also has launched a pilot caregiver assessment program to identify the needs of caregivers and guide them to resources. However, this program, too, is currently limited.

To reduce long-term expenditures for care for the frail, chronically and seriously ill, and support and engage caregivers in a meaningful way, Maine needs to invest in a systemic approach to identify those who are providing care support to a friend or family member and connect them with the resources they need. The State's caregiver education program should partner with health systems and social service agencies to reach all of those in need of this support. Financing such a program will save tax dollars, make it easier for healthcare and social service providers to deliver appropriate care, and increase the well being of patients and caregivers.

In addition, providing funding to help replace the income caregivers have lost will make it less likely that individuals who might remain at home end up in long-term care facilities, and that caregivers will suffer from the loss of income they sustain as a result of their dedication to a loved one.

I therefore urge the Legislature to adopt LD 1406, and to do everything in your power to engage and support caregivers. Because sooner or later we are all likely to need such care, or be providing it to a loved one.

Respectfully submitted,

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ⁱ RAISE Family Caregiver report to Congress, <https://acl.gov/RAISE/report>, p. 7.

ⁱⁱId. at p. 2

ⁱⁱⁱ <https://www.caregiver.org/resource/caregiving/> citing AARP Public Policy Institute, *Valuing the Invaluable: The Economic Value of Family Caregiving*, 2008 Update. Washington, DC: AARP, November 2008; Mittelman, M. S., Haley, W., & Roth, D. 2006. "Improving Caregiver Well-being Delays Nursing Home Placement of Patients with Alzheimer's Disease." *Neurology*, 67, 1592-1599.