

## Written testimony to the Health and Human Services Committee regarding LD 979

Submitted by:

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On behalf of the Island Commons, Chebeague Island, Maine

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To members of the Health and Human Services Committee:

My name is Susan Q. Stranahan. I am president of the board of the [Island Commons](#) ("Commons"), a seven-bed, private non-medical institution that has served Chebeague Island for over 25 years. I write in **opposition to LD 979** and the provisionally adopted 10-144 CMR Chapter 113.

In the simplest terms, these rules will only exacerbate the dire shortage of residential care facilities serving Maine residents most in need: Those dependent upon MaineCare. Facilities like the Island Commons, located in remote areas of the state, could be forced to close. As a result, the health and well-being of Maine's most vulnerable citizens will be jeopardized.

Let's put a face on one of these at-risk Mainers. For two years, the Commons cared for a lifelong islander, a woman who was vital part of this community for nearly a century. When her family no longer could care for her, she moved into our residential home. Her extended family dropped in often; her friends stopped by for visits, meals and outings around Chebeague. School kids visited, and she often could be found in a cozy corner working on a puzzle with friends. Like many of our residents, she was reliant on MaineCare. She was exactly the elder the Commons was founded to serve a quarter-century ago. She died recently at age 92, lovingly cared for by the Commons until the very end.

Her care cost the Commons about \$27,000 a year over and above the monthly reimbursements we received on her behalf from MaineCare. And she was just one of several MaineCare recipients among our residents. (The Commons welcomes elders regardless of financial means. That was a commitment we made to this community when we opened our doors.)

The last thing DHHS should be doing – with the blessing of the legislature – is implementing new rules that by the department's own estimates will add between \$68,900 and \$134,800 to annual operating costs of struggling institutions like the Commons.

The first round of hearings on 10-144 C.M.R. Ch 113 late last year generated an outcry from more than 100 providers, large and small. We were among them. The revisions proposed in LD

979 offer some relief, notably on the onerous staffing requirements initially proposed (requirements totally at odds with the current job market). But LD 979 still falls short of even a basic understanding of the complexity and cost of providing what is a critical social service to the people of Maine.

The Island Commons currently operates with an annual deficit of about \$200,000 -- a deficit covered by continuous fundraising and grants. We are fortunate to have an active board that believes in our mission, and to exist in a community that recognizes the importance of providing care and comfort to elders who live here. But there comes a time when we approach a tipping point. Our community can only be expected to shoulder so much. Yet the state consistently ignores the warning signs.

The additional unfunded mandate in LD 979 under consideration by the state could be a death knell for struggling facilities. And then what?

DHHS must not be permitted to write more than 150 pages of new regulations in a vacuum without an acknowledgement of the financial impact of these rules. (The assertion that the economic implication of these new rules is not the responsibility of DHHS is bureaucratic indifference of the highest order.) And for the Maine legislature to enact LD 979 without recognizing the obvious financial burdens the rules impose – and funding them – is equally callous and irresponsible.

The victims of this political/policy gridlock will be all Maine residents who deserve much better from their leaders.

The cruel irony of this whole enterprise is summed up in this statement from DHHS:

***“The Department believes the new rule (LD 979) will create better outcomes for consumers, providers, and the communities they live in.”***

Not if the facilities providing those services are forced to close their doors.