

April 1, 2025

Testimony on LD979

Good afternoon, my name is Ellen Johnston. I am a registered nurse as well as the Director of The Inn at Atlantic Heights in Saco Maine. We operate an 80 bed facility, with both a 46 bed Level II assisted level license and a 34 bed Residential Care Level IV license.

It was important to me to offer testimony today about the concerns that I and many others in the Healthcare community share about the hardship that LD979 would impose. One of my major concerns is related to the increase in staffing ratios. These ratios in my opinion far exceed what is required to care for residents in our setting. It is also very concerning that these ratios may be passed and that there is no funding provided for reimbursement to facilities for this increase in staffing ratio.

Part of my role as Director of the Inn is to assist in the hiring process of new staff. Currently we suffer from the lack of candidates that apply for positions in our healthcare team as well as other departments. This has been an ongoing issue since the outbreak of COVID. This challenge affects all healthcare communities state wide. We have implemented increased wages, added sign on bonuses, benefits, and paid training to mention a few attempts to increase interest for employment. There does not seem to be enough qualified candidates available. At this point increasing staffing ratios would simply cause more of a hardship on all facilities. I truly fear these proposed ratios will cause decrease in admissions due to not being able to staff at these ratios and that we will see more of our facilities closing due to lack of funding to support the proposals. If there is no

funding to support these proposed changes, what will happen to our elderly clients as facilities are unable to operate their buildings at a deficit?

I take great pride in my relationship with the residents and their families we serve and the ability to offer the best collaborative care and social model.

They love all the programs and care we offer to enhance their living experience here. We do not operate as a medical model, we operate as a social model. The proposed regulatory changes are a departure from a social model to a medical model...more like a nursing home than a residential care environment.

We need to find workable solutions that focus on residents without the risk of being contributors to facility closures due to their not being able to sustain these proposed changes. Sweeping regulatory reform does not seem to be the best approach. We need to come together and have meaningful conversations to a better solution that will allow facilities the ability to run efficiently and not be forced to a closure.

We all have the same goal here, to provide high quality personalized care, while meeting our residents needs in an achievable, meaningful, and sustainable way.

I thank you for allowing me the time to express my heartfelt concerns today.

Respectfully submitted.