

Written testimony to the Health and Human Services Committee regarding LD 1237

Submitted by:

Susan Q. Stranahan
33 Fenderson Road
Chebeague Island, ME 04017
Susan.stranahan@gmail.com

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](#) (“the Commons”), a seven-bed, private non-medical institution that has served Chebeague Island for over 25 years, providing residential care for more than 125 elders. **I write in support of LD 1237 and urge enactment of this important measure.**

The Commons is located on an unbridged island in Casco Bay. We serve an aging population that is heavily reliant upon MaineCare. Each MaineCare recipient costs us \$27,000 annually over and above what we receive in reimbursements from the state. That underfunding, in part, drives up our operating losses to about \$200,000 a year.

Our location also is a major factor impacting operating costs. Transportation expenses alone currently exceed \$29,500 a year. Why? Our workforce, once predominantly island-based, now largely commutes from the mainland. We operate the facility seven days a week, 24 hours a day, with overlapping shifts, to ensure the facility is always staffed at levels mandated by our license.

At present, twelve of our direct care workers travel from the mainland via ferry from Cousins Island or from Long Island via Casco Bay Lines. Three passenger vehicles provided by the Commons are needed at these arrival points, to cover shift schedules and landing locations. (There is no taxi service on the island.)

In a job market as competitive as healthcare, particularly in remote locations like Chebeague, the Commons must offer incentives to attract and retain good workers. Some of our Commons team commute from as far away as 50 miles and work up to thirteen-hour shifts, not including their travel time. (Waiting for the ferry at Cousins at 6:45 a.m. in February to get to work is not for the faint-hearted.) As a result, travel stipends have proven essential to attracting and maintaining our skilled and dedicated caregiving team.

Our situation may be unusual, but we are hardly unique. Small facilities like the Commons exist around Maine, serving remote communities where there is no other option for care if the doors

close. Simply put, we're the only game in town. The financial, social and personal consequences of the loss of even a few of these facilities in underserved communities would be significant.

The state must not be complicit in hastening this crisis. New regulations cannot be handed down without an understanding of the financial consequences. Additional staffing requirements, for example, will be the death knell for many small facilities like the Commons. Late last year the Department of Health and Human Services proposed new staffing rules that would have driven up operating costs at the Commons by approximately \$165,000 a year. (Fortunately, or so we hope, those proposals have died a quiet death after an outcry from more than 100 providers.) But even if we were flush with cash, where would these workers come from? They simply don't exist! The state fails to accept reality in that regard.

We are grateful for the recognition in LD 1237 of the unique situation many small facilities like the Commons find themselves in -- and the need for the state to take extra steps to ensure their continued survival via supplemental funding and regulatory relief. We provide a critical service in areas of Maine where there are no other options.

For these reasons, **we urge enactment of LD 1237** so we can continue to do the job we've been doing for over a quarter-century, serving the elders of Chebeague Island, their families, and all who value the contributions they've made to this community.