

Testimony in Support of LD 977, “Resolve, Requiring the Maine Health Data Organization to Develop a Plan for Measuring Gaps in Home and Community-based Services”

April 9, 2025
Arthur Phillips

Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services. My name is Arthur Phillips. I’m a Policy Analyst at the Maine Center for Economic Policy, and I submit this testimony in support of LD 977 so our state can effectively measure and address the gaps in care that older and disabled residents face.

Each year, the Department of Health and Human Services’ Office of Aging and Disability Services (OADS) releases a report detailing efforts to implement the recommendations of the Commission to Study Long-term Care Workforce Issues, which includes a snapshot of Maine’s care gap associated with certain state and federally funded programs.ⁱ OADS also maintains a dashboard with some information on waitlists and how long it takes consumers to receive services.ⁱⁱ

While helpful, these tools are inadequate for accurately measuring the scale of the care gap, which is essential to ensuring the health of residents in need of long-term supports and services. In recent years, Maine Center for Economic Policy has conducted research into the issues ailing our direct care workforce. Last year, we analyzed the underlying data that produced the annual snapshot referenced above and found more than 23,500 unstaffed hours per week for older people in need of home care through state-funded and MaineCare programs. Through additional surveys conducted by intellectual and developmental disability supports and service providers, behavioral health care providers, and data on relevant delayed hospital discharges, we estimated that our state needs more than 2,300 additional full-time direct care professionals to close the care gap, a figure which will rise with the demand for care.ⁱⁱⁱ

The urgent need to accurately measure this gap is underlined by the costs of the direct care shortage that causes it. In a 2023 report, MECEP found that as many as 8,000 people were out of Maine’s labor force due having to care for an older family member, and that Maine was missing out on over \$1 billion per year in additional economic activity. Low direct care wages lead more workers to rely on public assistance programs, including MaineCare and Supplemental Nutrition Assistance Program (SNAP), while the drop in labor force participation due to direct care responsibilities means fewer workers are contributing taxes. These combine to cost our state and federal budgets more than \$70 million each year.^{iv}

Our 2024 report represents one effort to estimate the scale of the gap between the care people are entitled to and approved for and what is available. However, Maine Health Data Organization is well situated to develop a plan to comprehensively and regularly measure the gap, ideally broken down by service type and geography. With better data, prepared regularly and made available to the public, we can continue to build on the investments which lawmakers have made in our direct care infrastructure in recent years.

For these reasons, we urge you to support this Resolve.

ⁱ Efforts and Progress in Implementing the Recommendations of the Commission to Study Long-term Care Workforce Issues, available at <https://www.maine.gov/dhhs/oads/about-us/data-reports>

ⁱⁱ HCBS Access Measures, <https://www.maine.gov/dhhs/oads/about-us/data-reports/hcbs-access-measures>

ⁱⁱⁱ Closing the Gap: Maine's Direct Care Shortage and Solutions to Fix It, MECEP, <https://www.mecep.org/jobs-and-income/closing-the-gap-maines-direct-care-shortage-and-solutions-to-fix-it/>

^{iv} The High Cost of Undervaluing Direct Care Work, MECEP, <https://www.mecep.org/jobs-and-income/the-high-cost-of-undervaluing-direct-care-work/>