

Testimony of Coralie Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United

**On LD 1540**

**“Resolve, to Direct the Department of Health and Human Services, Office of MaineCare Services to Create the Complex Care Assistant Training Program”**

Before the Joint Standing Committee on Health and Human Services  
Hearing: April 14, 2025 at 10:01 a.m.

Dear Chair Ingwersen, Chair Meyer, and distinguished members of the Committee on Health and Human Services,

The Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA), representing more than 4,000 registered nurses and health care professionals providing patient care in our state, appreciates the opportunity to discuss our concerns with LD 1540. MSNA shares the goals that this bill seeks to accomplish: compensation for the caregiving labor that family members provide and support for families with children who require complex medical care provided in the home. We would like to work with you on LD 1540 to achieve these goals while ensuring that the type of nursing care that family health aides perform is safe and follows the established nursing delegation process provided in the Nurse Practice Act.

**I. Complex care assistant training program participants should receive Certified Nursing Assistant (CNA) training and be governed by CNA delegation rules.**

Maine already has a system of training appropriate to the care needed to provide services to children with complex medical care needs in the home under the delegation of registered nurses. **Complex care assistants should be provided with CNA training and provide services delegated by a registered nurse under CNA delegation rules.** The complexity of a patient’s medical needs and the need for registered nurse (RN) expertise in care plans is not reduced when a parent provides the care. Maine does not need to reinvent the wheel. Instead of devising an entirely new training and regulatory scheme, we suggest tailoring the bill to make CNA training available to family caregivers.

The list of training and qualification criteria in LD 1540 should be revised to match what is currently required for CNAs. We are concerned to see tracheostomy care, enteral care and therapy, and respiratory care on the list and want to ensure that family caregivers provide only the care that is consistent with current education, training, and delegation statutes and rules.

We urge you to retain LD 1540 provisions to provide training to family caregivers at no cost and to add the requirement that respite care be provided at no cost to allow family members to complete training.

**II. Add additional visits by registered nurses.**

A blanket rule that complex care assistants work under the direction of a registered nurse visiting every 30 days does not provide a safe level of care oversight. Given the complexity of the care needs of the children covered by this bill, a minimum of one visit a week would be more appropriate. However, more visits may be necessary for some children. The number of RN visits should be tailored to the needs of the particular patient, according to an RN's assessment of the patient's needs.

If availability of RNs is a concern, LD 1540 should be amended to require a study to determine if the rate paid to RNs in home care agencies is sufficient to attract the needed workforce. This should include a comparison of wages and benefits of RNs working in the same area in various care settings.

**III. Extend the provisions of the bill to additional family caregivers.**

Essential family caregivers for children with complex medical care needs are not limited to parents and legal guardians. Grandparents, older siblings, aunts, uncles, stepparents, and even close family friends can sometimes be in the best position to take up significant amounts of caregiving responsibilities, often at the cost of their own ability to maintain paid employment. We urge you to consider amending LD 1540 to make it possible for caregivers with other close relationships to a child to access training and payment for services to the child.

Sincerely,



Coralie (Cokie) Giles, RN  
President, Maine State Nurses Association  
Vice-President, National Nurses United