



360 US Route 1, Suite 303

Scarborough, ME 04074

**Senator Ingwersen, Representative Meyer, and distinguished members of the Committee on Health and Human Services,**

My name is Kathy Son. I'm a nurse and the **Director of Operations** at Comfort Keepers in Scarborough. We've been providing private-pay senior care in York and Cumberland Counties since 2007. Our services range from companionship and light housekeeping to 24/7 care for clients with complex needs such as dementia support and end-of-life care.

I'm here today to share why we believe changes are needed to item #7 of LD1442. While we support strong standards and trauma-informed, culturally appropriate supervision, we're concerned about the requirement that supervisors "observe" care being provided.

Let me give you two examples to illustrate:

First, "Edna" is a 90-year-old at the end of her life. She's mentally alert and has clearly stated she only wants close family and friends at her bedside. Though I've met her, I'm not someone she'd consider "close." Requiring me to observe her intimate care, such as changing her Depends or bed-bathing, would violate not only her wishes but also her dignity.

Another client, “John,” lives with dementia, agitation, and aggression. He doesn’t remember me, but trusts his Comfort Keeper. If I were to enter his space to observe care, it could trigger confusion and aggression, putting everyone at risk.

From my perspective, if I were a client paying for care, I would be uncomfortable with someone observing such personal services in my home. We help people with hygiene, incontinence, soiled laundry garments and homes that are in disarray—not because of neglect, but because these seniors can no longer manage.

Being watched during this care can feel intrusive and demoralizing, no matter how sensitive the observer may be.

Comfort Keepers is completely in favor of ensuring that our caregivers understand how to work with our clients, but we also need to be given the leeway to do this supervision in a way that is respectful of our clients. When a caregiver is only assigned to one client and that client would be traumatized by the addition of someone they don’t recognize or trust, we need the latitude to supervise the caregiver in a way that is respectful of the client’s needs and wishes. Whether that be a debrief with the staff about steps taken and interviews with family members about care received, we need permitted alternative pathways to supervision. Section 7 of this bill gives us that latitude.

Please consider revising this rule to allow for discretion in how supervision is conducted—especially in highly personal or sensitive circumstances. This would reflect a truly person-centered approach.

Thank you for your time. I’d be happy to answer any questions.