



Testimony submitted regarding
LD 1634 An Act Regarding MaineCare Waiting Lists

April 23, 2025

Senator Henry Ingwersen
Representative Michelle Meyer
Members of the Joint Standing Committee on Health and Human Services

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

I am Denise Vachon. I have the privilege of representing and advocating for not-for-profit provider members of LeadingAge ME NH in Maine, their devoted staff and the people they serve. These mission-driven providers serve across the spectrum of aging services in senior living, independent living, affordable housing, assisted living and residential care, memory care, adult day service, and home health agencies across both states.

While I regret not being able to attend the public hearing, I thank you for the opportunity to share our thoughts regarding LD 1634.

LD 1634 is a good reminder of an important discussion that needs to be folded into so many as it relates to MaineCare. It lifts up the impact of long wait lists on real people, and the struggle they create for those in need of care and services, as well as the risks and declines that going without that care can cause for the person who is waiting. It also emphasizes the availability of care and services relative to the need - a condition of declining resources in a time of increasing demand.

While listening to the public hearing, I heard a great deal about wait lists for MaineCare Waiver programs, and the significant and heartfelt concerns of families of people with IDD, autism and brain injury, looking to assure that services for those they love and care for are supported for the long term.

Sadly, wait lists for MaineCare members in the long-term care and home care arenas are equally concerning. And they are inevitable. And those seeking supports are instructed to "put [their] names in 'everywhere'" because of the demand and the long wait lists, and as they hope to access the care they need, somewhere, somehow and as soon as possible.

Wait lists are long- not because for any lack of desire to meet the needs by the provider community. Speak with virtually any provider and they will bemoan seeing people in need waiting for extended periods of time for space to open up for a MaineCare member. Our leaders empathize with the struggle that those who wait endure, along with their families. We all wish we could do more. Offer more. Serve more people

Wait lists exist because we are in climate of workforce challenges, which translates into not having enough hands and hearts to do all that is needed and asked for. They exist in the context of a reimbursement system that cannot meet the full cost of care for those needing those critical services. And they exist in a space where the State is losing capacity - beds, services, agencies due to increased financial strains and constraints. While the demand is increasing, access to the services and environments is shrinking. And it's only going to get worse over time if something doesn't change.

While LD 1634 is a valiant attempt at a solution to get people connected with the care and services they need, it doesn't connect the right solution to the needs.

Collecting Data regarding Wait Lists:

LeadingAge ME NH agrees that having a better understanding of the data regarding wait lists could greatly inform policy, and later practice. It would help inform us where to assure that resources be prioritized. It would help inform us of how many people are in need, for what services, in what communities. It would help inform us as to how big the investments need to be to meet the need, and where to drive those resources to have the greatest impact.

All of those good reasons for data collection aside, the reality is that it would require infrastructure that could unravel and cross-walk wait lists from all providers and agencies on a moment by moment basis and on an ongoing basis. Collecting the data would require a system, wherein reporting on wait lists would have to go beyond simple head counts, dates of application and a calculation of how long they have waited. Instead, collecting the data would require that the identities of applicants would have to be disclosed to a clearinghouse, by name, DOB, perhaps other identifiers, so that the data is person by person -- not data-by-numbers, alone - so that we see how many lists each person is on.

Said differently, at a practical level, if one person is on one wait list for nursing care, assisted living, home care or affordable housing, they are surely on many. The limited availability of resources requires those in need and their advocates to scan the provider landscape for places/agencies that ACCEPT MaineCare members, and then to get on as many wait lists as possible. In fact, navigators in every corner instruct them to get on "everyone's" list, so that the odds of gaining access to the care they need increases, still while everyone is warned that the wait could be long.. The human impact is this: if a provider has a wait list of 20 people who are seeking a MaineCare "unit" (bed, room, care or apartment), we can be certain that those very same people are on multiple provider lists.

Best scenario is that the person needing care or services has some support where they are - family, friends, faith community, neighbors - until something opens up. People on wait lists cannot always choose where they go, or by whom they are served. So often, they have to "take what they can get". So often, they have to go with the "first available"

If a MaineCare member is in a hospital, the challenge is even greater and more rushed. If a MaineCare member is in a hospital and needs significant help in order to be able to return home, and insufficient formal services are not available, and informal supports cannot fill the gap, they are often referred to long-term care or assisted living. Or they return home, as they are, against medical advice.

If a MaineCare member in the hospital agrees to nursing care or assisted living, they apply to every possible facility within a 50-mile radius. They are required to accept the "first available" spot/space/room/unit. For that member and their families, this can often mean that there is significant separation, with the distance often limiting time to support that member.

If a MaineCare member is unfortunate enough to find themselves in a facility that is closing, they will be moved to the first available MaineCare placement, regardless of where it is. That could mean that a resident from Eagle Lake could end up in Portland.

Setting time limits on waiting periods for programs and services, and coupling that requirement for a "corrective action plan", does not identify the cause of the problem, nor does it advance the goal of achieving shorter wait times for those who are on MaineCare who need help. It creates highly impractical work for the State, and erroneously communicates that the inadequacy of the system somehow falls at the feet of the providers. Instead, we argue that loss of beds, agencies, services is a function of inadequate MaineCare rates to providers for the care they render, caused by State Budgets - biennium over biennium - that have not sustainably funded MaineCare services over time.

There are, indeed, people who wait far too long on wait lists, and miss opportunity for access to the care they need by a provider of choice and in a timeframe that matches their need. Rather than thriving in a responsive environment, many decompensate as a result of the wait and the struggle. Some die.

As a State, we continue to try to do better. We see the efforts of this Committee and the Legislature to recognize the condition and work toward making care and service more accessible. The care community wants to contribute to solutions.

Still, the goal of this legislation is at odds with the reality that the federal government is eliminating funding in significant tranches without notice, shuttering their own departments, and care and service "on the ground". The goal is at odds with reality when the State Budget cannot meet the cost of care with reimbursement that comes close. The goal is at odds with

reality when funding that providers were promised is clawed back, when the wage paid to staff must be competitive and fair and it must match the work, the effort and the dedication but cannot because the financial partnership of the State cannot match the need.

With the reality of the condition and the context, it is clear that time limits and reporting of data cannot solve the problem. Providers will share the boots-on-the-ground data if that exercise is required. But, again with respect, the true corrective course to solve the issue of long wait lists will succeed only when the environment where the state/provider partnership is fiscally aligned, where reimbursement matches cost, and where providers and agencies are not forced into closure because of their inability to sustain the services and environments they offer.

We urge the Committee to vote Ought Not to Pass. Not because this isn't important. But because this simply is not the right solution to the problem.

Thank you for your tireless work on behalf of the people of Maine. LeadingAge ME NH and its members are always happy to be a resource to the Committee.