

**Testimony in Support of LD 1720, “An Act Regarding Benefits and Training for Long-term Care Workers”**

May 2, 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 1720 so our state can hire and retain the long-term care workers we need to meet the growing demand for care.

Maine’s direct care workforce is in a fragile state due to low reimbursement rates, which mean workers are paid low wages and often do not receive health and retirement benefits, making it difficult to hire and retain workers. These circumstances have far-reaching consequences -- providers face chronic labor shortages; people receiving care struggle to obtain quality services or maintain trusted relationships; family members of people who cannot access professional care must drop out of the labor force; businesses lose workers at a time when it is already difficult to hire staff; and our health care system’s capacity is stretched thin.

According to an analysis by the Boston Federal Reserve, from 2010 through 2023 Maine lost 19% of its nursing homes, more than any other state in New England, and served 21% fewer patients. Hancock, Waldo, and Lincoln counties lost between 60-100% of their available nursing home beds. By comparison, roughly 5% of nursing homes nationwide have closed over the same period.<sup>i</sup> From November 2020 to December 2025, Maine has lost more than 1,000 nursing and residential care facility beds.<sup>ii</sup> One of the primary causes of these closures and the loss of beds is the failure to hire and retain sufficient staff to meet residents’ needs.

Improving direct care workers’ health and retirement benefits is critical to improving access to nursing and other direct care services for Mainers across our state. 57% of direct care workers receive insurance through an employer, compared to 70% of other employees in Maine. 21% are enrolled in MaineCare, compared to 9% of other workers. 11% of direct care workers had no insurance at all, compared to 8% of other workers.<sup>iii</sup> Nationally, just 18% of direct care workers are included in a retirement or pension plan at work, far fewer than for workers in general (32%).<sup>iv</sup> Access to quality health and retirement benefits are an essential component of improving worker retention.

Meanwhile, ensuring new Mainers can access translation and interpreter services for direct care training will make it easier for them to enter this critical workforce. Immigrant direct care workers may have proficiency in speaking and understanding English and in delivering services to consumers – indeed, they may have lots of experience from working in their home country; however, they may struggle with exams and training modules that are only offered in English, making it harder for them to enter the profession. 4.2% of direct care workers in Maine report speaking English less than “very well” compared to 1.2% for all other workers.<sup>v</sup> As our state’s population – and our direct care workforce – ages, we must seek ways to encourage new Mainers to enter this critical workforce. This bill is a simple, cost-effective way to do just that.

While we support the goals of this bill, we would encourage the committee to consider including all direct care workers, not just those in retirement and nursing facilities, in this bill. Direct care workers serving people in home and community-based settings face many of the same challenges and are part of the same care continuum. While this bill as written would have a significant positive impact on our care infrastructure, we could do more by including those other workers as well.

Thank you for the opportunity to testify and I welcome any questions you may have.

Arthur Phillips

[Aphillips@mecep.org](mailto:Aphillips@mecep.org)

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<sup>i</sup> “Nursing Home Closures in New England: Impact on Long-term Care, Labor Markets,” Riley Sullivan, May 2024, available at <https://www.bostonfed.org/publications/new-england-public-policy-center-regional-briefs/2024/nursing-home-closures-in-new-england-impact-on-long-term-care-labor-markets.aspx>

<sup>ii</sup> [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2024%20PART%20AAAA%20Workforce%20Annual%20Report\\_0.pdf](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2024%20PART%20AAAA%20Workforce%20Annual%20Report_0.pdf)

<sup>iii</sup> MECEP analysis of American Community Survey, 5-year sample, 2019 –2023, via the Integrated Public Use Microdata System (IPUMS).

<sup>iv</sup> <https://www.americanprogress.org/article/direct-care-worker-pay-and-benefits-are-low-despite-high-demand-for-services/>

<sup>v</sup> MECEP analysis of American Community Survey, 5-year sample, 2019 –2023, via the Integrated Public Use Microdata System (IPUMS).