



**Testimony of Sarah Calder, MaineHealth
Neither for Nor Against LD 980, “Resolve, to Create the Commission to
Improve the Oversight of the Long-term Care System”
Friday, March 28, 2025**

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify Neither for Nor Against LD 980, “Resolve, to Create the Commission to Improve the Oversight of the Long-term Care System.”

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 24,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab. We also operate several nursing facilities that provide long-term care to our communities.

Despite having the oldest population in the country, Maine has the fewest skilled nursing home beds per 1,000 residents in the entire northeast. Twenty-nine nursing homes in Maine have been lost in under ten years, and 15 of these closures have [occurred](#) since 2021. Mercy Home in Eagle Lake is scheduled to close next month, and the anticipated delayed and reduced MaineCare payments in the absence of a Supplemental Budget will only put more pressure the fragile facilities that remain.

Due to this crisis, Maine Medical Center – Portland was forced several years ago to open a 42-bed nursing unit, dedicated to patients who are medically cleared for discharge, but for whom no safe discharge disposition is available. Last week, I reviewed the Transitional Care Unit’s patient census and there were 36 patients admitted. Across the MaineHealth system, we estimate that on any given day there are approximately 100 patients who are cleared for discharge but for whom there is no appropriate safe discharge. To further illustrate the issue, until Fiscal Year 21, Maine Medical Center’s average length of stay for patients hovered around 5 days. That figure has now grown to almost 7 days. This is not patient-centered care, it is causing a significant delay in care for patients with acute needs, and it is leading to the burnout of our workforce.

It's clear that the status quo is failing our most vulnerable. It is for that reason that we support the opportunity to thoughtfully examine ways in which we can create a more effective long-term care system, including improving the laws and rules governing the long-term care industry. As just a few examples, the Certificate of Need process, Maine’s unique net neutrality rule, bed banking, and reimbursement mechanisms should be reviewed to better understand the impact these policies have on the lack of access to long-term care. We would urge the Committee, however, to add a representative from hospitals on the Commission.

We cannot continue to let outdated policies remain in place that are preventing the development of a sustainable system of care that will meet both the immediate and projected needs of our

communities. I urge you to support the thoughtful and comprehensive review of the policies governing long-term care.

Thank you for the opportunity and I would be happy to answer any questions that you may have.