

## **Written Testimony of Mike Lacasse**

Administrator, Schooner Memory Care

### **In Support of LD 1932 – An Act to Support Essential Support Workers and Enhance Workforce Development**

Before the Joint Standing Committee on Health and Human Services

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My name is Mike Lacasse. I serve as an Administrator at Schooner Memory Care, a 66-bed memory care facility in Auburn. I appreciate the opportunity to provide testimony in support of LD 1932.

After careful consideration of LD 1932, I did not arrive at support for this legislation easily. I'm here as a provider advocating for essential care workers because it is the right thing to do — and because quality of care depends on it.

Essential care workers are not an abstract workforce issue. They are the people who ensure residents are safe, dignified, and cared for every day. When providers struggle to recruit and retain them, the impact is immediate and tangible. Quality of care does not decline quietly — it breaks.

As a provider, I am accountable for outcomes. I am responsible for staffing levels, care plans, and resident well-being. From that perspective, I can say plainly: we cannot improve or sustain quality of care without stabilizing the workforce that delivers it.

LD 1932 acknowledges a reality providers face daily. Reimbursement has not kept pace with the true cost of providing care. When reimbursement lags, wages lag. When wages lag, turnover increases, vacancies persist, and continuity of care suffers. This cycle is not the result of poor intent by providers or workers — it is a structural issue that requires a policy solution.

This bill matters because it addresses that reality in a practical way.

First, it takes an important step toward aligning reimbursement with workforce costs, giving providers a realistic pathway to support competitive wages.

Second, it recognizes that workforce development must be intentional. Recruitment alone is not enough. Training, credentialing, and advancement pathways are essential to retention and to improving quality over time.

Third, LD 1932 values transparency and data by measuring the care gap — the difference between authorized care and care delivered. This information is critical for policymakers and providers alike to understand system strain and make informed decisions.

From a provider's perspective, supporting workers and supporting providers are not competing goals. They are inseparable. Stable staffing leads to better care outcomes, greater consistency for residents, and more sustainable operations.

As leaders in long-term care, we have a responsibility to speak honestly about what is working and what is not. This legislation reflects an operational truth we can no longer afford to ignore:

When we invest in the people who provide care, quality follows. When we don't, it doesn't.

For these reasons, I respectfully urge the Committee to support LD 1932. Thank you for your time and for your continued service to the people of Maine.

Michael A. Lacasse, FACHCA, ATDIT  
Administrator, Schooner Memory Care