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Limerick
LD 2169

Testimony on LD 2169

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An Act to Improve the Public Employees Disability Retirement Program by
Modifying Provisions Controlling the Reduction of Benefits and Clarifying
Terminology

Position: Neither For Nor Against

In Support of the Intent, With Concerns Regarding Implementation

Senator Tipping and Members of the Committee:

I submit this written testimony in support of the intent of LD 2169, while respectfully raising concerns about how disability statutes are implemented in practice and how this legislation, as currently drafted, may not fully address the gap between legislative intent and agency discretion.

The intent of LD 2169—to address inequities and downstream harm arising from the administration of disability retirement benefits—is sound and necessary. My experience illustrates why that intent matters, and also why careful attention to legislative expectations regarding implementation is essential.

I. Experience Illustrating the Implementation Gap

I applied for disability retirement in March 2021, shortly before new statutory medical safeguards were enacted through Public Law 2021, Chapter 277. Those safeguards were intended to ensure that disability determinations are grounded in appropriate, independent medical evaluation.

In my case, however, my application proceeded for more than four years without an Independent Medical Evaluation (IME). An IME was not conducted until June 18, 2025—more than 51 months after my application—and I was awarded disability retirement benefits the following month.

During that extended period, the record contained substantial medical evidence supporting disability, including:

Three healthcare provider assessments supporting disability; and

An active Social Security disability determination effective September 18, 2020.

Despite the presence of this evidence, my application proceeded without the independent medical review framework contemplated by the 2021 statutory reforms. Instead, medical information was reviewed internally through administrative processes rather than through the statutory medical safeguards.

II. Legislative Intent Versus Agency Practice

In testimony before this Legislature on May 10, 2021, MainePERS leadership stated that denials of disability benefits are reviewed at the highest level as part of the agency's disability determination process. That explanation was offered in response to legislative questions regarding how newly enacted medical safeguards would be applied.

In practice, however, statutory medical protections—particularly the Independent Medical Evaluation—were not applied consistently to pending applications and appear to have been treated as discretionary rather than mandatory.

When legislation does not clearly specify how and to whom statutory safeguards apply, implementation may vary. In my case, that variance resulted in years of delay

and uncertainty—harm that could not be undone once benefits were ultimately awarded.

III. Structural Barriers Affecting Outcomes

MainePERS is a statutorily created public agency charged with administering retirement and disability benefits. While it functions as a fiduciary and benefit administrator, its internal processes often require members to pursue formal, adversarial appeals—led by hearing officers—in order to obtain clarification, correction, or relief.

(See Maine Code of Rules, Chapter 702, Appeals of Decisions of the Chief Executive Officer.)

In my experience, documented administrative errors and procedural irregularities were raised repeatedly and were not timely resolved. As a result, the burden of enforcement shifted to the individual member rather than being addressed through internal correction mechanisms.

When statutory safeguards are delayed, inconsistently applied, or treated as optional, downstream consequences compound over time. Those consequences fall on disabled public servants and their families—not on the system itself.

IV. Relevance to LD 2169

The intent of LD 2169—to address inequities and harms that arise from the administration of disability retirement benefits—is both appropriate and necessary. My experience demonstrates why legislative attention to implementation is warranted.

However, legislation that focuses on outcomes without ensuring consistent, timely application of underlying statutory safeguards risks leaving existing implementation gaps intact. If medical protections are not applied at the time disability determinations are made, later corrective measures may not fully remedy the harm experienced by applicants.

Conclusion

LD 2169 reflects an important recognition that gaps between legislative intent and agency practice can produce long-term harm for disabled public employees.

My experience illustrates why those gaps matter and why attention to implementation is as critical as statutory design. I respectfully support the intent of this legislation and encourage the Committee to consider how best to ensure that statutory medical safeguards are applied consistently, timely, and as the Legislature intended.

Thank you for your consideration.