

**LD 2166 Resolve, Regarding Legislative Review of Chapter 6: Delegation of Nursing Activities and Tasks to Unlicensed Assistive Personnel by Registered Professional Nurses, a Major Substantive Rule of the Department of Professional and Financial Regulation, State Board of Nursing**

**Testimony in Support**

**February 2<sup>nd</sup>, 2026**

Senator Bailey, Representative Mathieson and members of the Health Coverage, Insurance and Financial Services Committee my name is Belinda Perry and I am a resident of Lincoln, Maine. I am a registered nurse providing testimony in support of this bill.

As a registered nurse that has primarily worked in Emergency Medicine, I fully support LD2166 as I feel it will not only reduce the stress level of our nursing force which will in turn increase nursing retention, but it will also promote safer patient care for our community and statewide. Emergency medicine is often defined as a controlled chaos environment. One patient's stability can require an entire emergency department teams attention and focus. With that said, there are other patients in an Emergency Department that are fortunately not as ill but still require assistance and still matter. I have the below examples as to why LD2166 will help support my clinical setting.

- (1) By being able to delegate to a transporter to unhook a stable patient from a blood pressure cuff to transport to another unit, while their primary RN is performing life saving interventions on another patient, will help get that stable patient to a more controlled environment where their needs can be more easily met.
- (2) Being able to delegate to a psych tech to provide a sandwich to a behavioral health patient, while the RN is calling report to get another behavioral health patient transferred to a psychiatric facility, can actually prevent a behavioral health patient, who at times are often very labile, from getting frustrated and agitated that they are having to wait for basic needs such as food.
- (3) Being able to delegate to a Patient Experience Aid (PEA) to take their 1:1 patient that they are observing, to the restroom when the patient asks, while the RN is in another patient room giving medications, will not only meet the needs of the 1:1 patient sooner but reduces the likelihood of the patient getting agitated, soiling themselves and/or the potential of falling while trying to get out of bed on their own.

These are just a few examples of my experience where being able to delegate to UAPs would better the nursing profession in emergency medicine and help to support safer patient care.

Thank you for the opportunity to provide comment in support of this important legislation.



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LD 2166

Please see attachment