

Breckon Anderson
3Rivers
LD 2083

Testimony of Breckon Anderson
Position: Neither For Nor Against

LD 2083 An Act to Expand Access to Certified Residential Medication Aide (CRMA) Training

Joint Standing Committee on Health and Human Services
February 2, 2026

Good afternoon Senator Ingwersen, Representative Meyer, and distinguished members of the Health and Human Services Committee. Thank you for the opportunity to provide testimony neither for nor against LD 2083, An Act to Expand Access to Certified Residential Medication Aide Training, but with additional information and a requested amendment for the Committee to consider.

Good afternoon Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee.

My name is Breckon Anderson, RN Educator for 3 Rivers. I am currently the Vice President of MEDDN (Maine Developmental Disabilities Nursing Network), a CDDN (Certified Developmental Disabilities Nurse) and current CRMA Instructor. I have been with 3 Rivers for over 10 years and over 25 years in the field.

3Rivers is a statewide nonprofit organization supporting adults with disabilities across Maine. Thank you for the opportunity to provide testimony on LD 2083. Today, 3Rivers is neither for nor against this bill, but we appreciate the opportunity to share considerations from the perspective of a community-based provider.

3Rivers supports approximately 500 individuals across Maine through a combination of community-based supports, group homes, and an Intermediate Care Facility (ICF), delivered by more than 355 direct support and care staff. Like many providers, we rely on Certified Residential Medication Aides (CRMAs) to safely support individuals with medication administration across a range of residential and community settings.

We recognize and appreciate LD 2083's intent to establish a standardized, current, and department-approved curriculum for CRMAs, as well as the requirement for regular curriculum review. A consistent and up-to-date training framework is critical for ensuring safety, regulatory compliance, and workforce readiness across provider types and regions.

At the same time, we want to acknowledge the real challenges providers face in ensuring staff access to CRMA training and Train-the-Trainer opportunities.

Workforce shortages, geographic barriers, limited course availability, and inconsistent scheduling make it difficult for agencies to maintain an adequate number of trained staff. These challenges directly impact service continuity for people who rely on daily medication supports.

3Rivers supports the amendment as drafted and submitted by the Maine Health Care Association (MHCA), and we also support the testimony provided by the Maine Association of Community Service Providers (MACSP). In addition, we respectfully suggest the following considerations be included as this bill moves forward:

- Stakeholder representation: We recommend adding a position on the stakeholder group for a person receiving Intellectual & Developmental Disability and/or Autism Spectrum Disorder supports whose care team includes a CRMA. The perspective of people directly affected by medication administration practices is essential to informed and balanced decision-making.
- CRMA expertise on the stakeholder group: We suggest adding or augmenting the two CRMA positions on the stakeholder group to include a current CRMA Instructor in good standing. I suggest ongoing stakeholder engagement as trainers/instructors bring critical insight into curriculum delivery, competency assessment, and real-world implementation challenges.
- Train-the-Trainer access: Providers need routinely scheduled and accessible

Train-the-Trainer classes for agency nurses. Without predictable opportunities for nurses to become certified trainers, agencies are unable to train their own staff, creating bottlenecks that affect staffing stability and service delivery.

- Curriculum foundation: We encourage the Department to ensure that the CRMA curriculum is maintained to reflect up to date clinical standards and built on a consistent foundational framework, as recommended by Maine IDD nurses (MEDDN) more than 15 years ago, while still allowing flexibility to reflect current best practices and regulatory requirements.

Unfunded mandate: Finally, we ask the Committee to consider the financial impact of certification and sanction fees on community-based providers. These costs must be balanced against already constrained reimbursement rates and ongoing workforce pressures. Certification or sanction fees could become a deterrent in workforce entry and retention.

In closing, 3Rivers appreciates the thoughtful intent behind LD 2083 and the Legislature's attention to medication safety and workforce training. We look forward to continued collaboration with the Department, provider associations, and stakeholders to ensure any changes strengthen training quality while remaining practical and sustainable for providers and the people we support.

Thank you for your time and consideration.

Breckon Anderson, BSN, RN, CDDN
banderson@3-Rivers.org