Testimony of Laura Cordes

Neither For Nor Against
LD 2083 *An Act to Expand Access to Certified Residential Medication Aide Training*

Joint Standing Committee on Health and Human Services
February 4, 2026

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.*

My name is Laura Cordes, and I serve as the Executive Director of the Maine Association for Community Service Providers (MACSP). MACSP represents nearly 100 community-based agencies delivering MaineCare person-centered educational, vocational, residential, and community-based supports, including specialized services, to more than 5,500 adults with intellectual disabilities, autism, and brain injuries across Maine. These services are delivered by a dedicated workforce of approximately 9,000 direct support professionals and are foundational to helping people live full, meaningful lives in their communities.

MACSP recognizes and appreciates the intent of LD 2083 to improve standardization, consistency, and oversight of Certified Residential Medication Aide (CRMA) training. A current, department-approved curriculum that reflects evolving clinical standards is essential to ensuring medication safety, regulatory compliance, and a skilled workforce throughout the state.

However, as currently drafted, we are concerned that LD 2083 may not meaningfully address—and may unintentionally exacerbate—existing barriers to CRMA access and availability across Maine.

At present, MACSP member providers report significant difficulty accessing CRMA Train-the-Trainer courses, staffing qualified trainers, and absorbing the additional costs incurred when in-house trainers are unavailable. These challenges are compounded by workforce shortages, geographic barriers, limited course availability, and inconsistent training schedules. Service continuity is directly affected when providers are unable to maintain an adequate number of trained CRMAs.

As drafted, LD 2083 also establishes a certification and sanction fee structure ranging from $25 to $100 per individual or instructor. These costs will largely - if not entirely - be borne by providers and represent an unfunded mandate layered onto outdated reimbursement models. Without careful consideration, these fees risk becoming a deterrent to workforce entry and retention rather than a pathway to expanded access.

For these reasons, MACSP respectfully supports adoption of the amendment included in Appendix A, as submitted by the Maine Health Care Association and included here with our testimony below. We believe the proposed *Pilot Stakeholder Group* is a critical component of any successful CRMA reform. Engaging providers, CRMA trainers, nurses, as well as individuals who receive services prior to formal rulemaking will help ensure that CRMA curriculum, instructor qualifications, and training delivery models are both clinically sound and operationally *feasible.*

In particular, we believe stakeholder input is essential to:

- Ensuring predictable and accessible Train-the-Trainer opportunities for agency nurses
- Maintaining a consistent, evidence-informed curriculum foundation that reflects current clinical standards while allowing flexibility for best practices
- Avoiding unintended consequences that further strain staffing capacity or service delivery

Thank you for your consideration. We welcome the opportunity to provide additional information, and to work with the Department and Committee members before the work session.

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Appendix A.

Proposed Amendment to LD 2083, as drafted and submitted by the Maine Health Care Association

Amend the title so as to read: An Act to Establish Standards for Certified Residential Medication Aide Curriculum and Training

Amend the bill as follows:

On page 1, line 18, strike everything after Sec. 2. 22 MRSA §42, sub-§1-B

1-B. Certified residential medication aide certificate. The department shall issue a certificate to an individual who has successfully completed a department-approved certified residential medication aide course that meets the medication administration training requirements for unlicensed assistive personnel under Title 32, Section 2102, Subsection 11 in accordance with rules established by the department for facilities under 23 subsection 1-A. The course must be designed to ensure competency in the safe administration of medications by individuals who are not licensed health care professionals. The department shall review the course curriculum at least once every 5 years, or more frequently as determined necessary by the commissioner, to ensure alignment with current clinical standards, safety practices and the needs of residents and clients in facilities under subsection 1 -A. The department shall develop rules for the certification of certified residential medication aides and certified residential medication aide

instructors and may establish and collect reasonable certification fees and sanction fees from individuals as well as from instructors. Fees must be set by rule and may range from $25 to $100 per individual or instructor, per course, and be valid for a 2-year certification period, as specified by rule. Fees collected pursuant to this section must be deposited in_a dedicated special revenue account to support certified residential medication aide certification activities and the ongoing oversight and maintenance of the curriculum. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, Chapter 375, Subchapter 2-A.

Insert the following:

Sec 2. 22 MRSA §42, sub-§1-B is enacted to read:

1-B. Certified residential medication aide curriculum and training. The Department of Health and Human Services shall adopt rules pursuant to Title 5, Chapter 375, Subchapter 32-A, to establish a curriculum for education of certified residential medication aides and a training program for certified residential medication aide training instructors. Rules adopted pursuant to this subsection must include:

A. A. Standard curriculum including the requirements for certification and fees associated with issuing of certification completion, not to exceed $25 for a two -year certification;
B. B. Standard instructor qualification requirements, teaching platform requirements, and graduated sanctions for instructor noncompliance;
C. C. Standard curriculum for re-certification every two years;
D. D. Method and procedures for monitoring issuance of certifications and instructor certifications between Department and Board of Nursing;
E. E. Method and procedures for recertification;
F. F. Method and procedures for biannual review of all items herein.

Sec 3. Pilot Stakeholder group. The Department shall convene a stakeholder group to solicit input and recommendations prior to formal rulemaking regarding the areas listed in Sec 2. This group is referred to in this resolve as "the stakeholder group."

Sec 4. Membership. The stakeholder group must include, but is not limited to, the following:

A. A representative from the division of licensing and certification within the Department of Health and Human Services;
B. A representative from the office of aging and disability sen/ices within the Department of Health and Human Sen/ices;
C. A representative of a statewide organization representing residential care facilities;
D. A representative of a residential care facility;
E. A representative of an assisted living provider;
F. A representative from the long-term care ombudsman program;
G. A representative from day care facilities;
H. A representative from children's homes and nursery schools;*
I. A representative from non-nursing level intermediate care facilities for persons with intellectual disabilities;
J. Two employees currently working as Certified Residential Medication Aides in care facilities;
K. Any additional members the Department determines necessary.

L. An individual supported by a CRMA
M. An individual who is a certified and active CRMA trainer

Section 5. Duties. The stakeholder group shall review and provide feedback to the Department on items, including but not limited to: the updated training curriculum for certified residential medication aides; updated curriculum for instructors; systems identified for the delivery of training, including any online learning management systems; certification, desertification and sanction processes and any associated fees, and the overall transition to a new certification process.

Section 6. Meetings. The stakeholder group shall meet no less than three times to provide recommendations to the Department prior to formal rulemaking.