



TESTIMONY OF THE MAINE HOSPITAL ASSOCIATION

In Support Of

LD 2131

An Act to Preserve and Improve Access to Nursing Facility Services in the State

February 11, 2026

Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee:

My name is Sally Weiss, and I am writing on behalf of Maine hospitals to testify in support of LD 2131.

I want to begin with a simple but critical point: strengthening Maine's nursing homes strengthens the entire health care system. Hospitals, nursing facilities, home health providers, and community-based services are deeply interconnected. When one part of that continuum is underfunded or unstable, the strain is immediately felt across the system, most acutely in our hospitals and emergency departments.

Today, Maine hospitals are operating at approximately 85 to 90 percent capacity on a daily basis. At the same time, hospitals across the state routinely have 45 to 100 admitted patients boarding in emergency departments (EDs) at any given moment. These patients need acute inpatient beds, but hospitals are unable to move them out of the ED because patients currently occupying inpatient beds cannot be discharged to a lower level of care. Many of these patients are medically ready for discharge yet remain hospitalized due to a lack of access to nursing facility placement or other appropriate post-acute care options.

This bottleneck compromises patient flow, contributes to crowding in emergency departments, delays care for patients who truly need acute services, and places enormous strain on hospital staff. It is also costly for the system as a whole. Quite simply, patients are stuck in the wrong setting because the right setting is unavailable.

LD 2131 takes important, targeted steps to address this reality.

First, the bill corrects inequities in the COLA guardrails.

The Legislature intended to provide a 1 percent cost-of-living adjustment effective January 1, 2026, yet 35 nursing facilities were excluded due to existing guardrails. LD 2131 ensures that *all* nursing facilities can access this COLA, helping stabilize operations and maintain staffing in a sector already under significant financial pressure.

Second, the bill adds a \$6.00 per day add-on to the direct care portion of the rate.

This add-on is designed to help facilities continue the transition away from costly agency staffing and toward a more stable, permanent workforce. While this amount is less than half of the \$12.85 add-on included in Year One rates, it is a meaningful and pragmatic step that acknowledges ongoing workforce challenges and the real costs facilities are facing today.

Reducing reliance on agency labor is not only fiscally responsible, but it also improves continuity of care and supports better outcomes for residents.

Third, the bill directs the timely release of quality bonus payments.

These payments were scheduled to be released in December and have not yet been distributed. LD 2131 appropriately asks the Department to release these funds no later than March 1, providing facilities with resources they have already earned and are counting on to support quality improvement efforts.

From the hospital perspective, these provisions matter because every additional nursing facility bed that is staffed and available helps relieve pressure on hospital inpatient units and emergency departments. When nursing facilities are adequately funded and stable, patients move through the system more efficiently, care is delivered in the most appropriate setting, and hospitals can focus on serving patients who truly require acute care.

LD 2131 is not about one sector; it is about protecting the integrity of Maine's entire health care infrastructure. Supporting nursing homes is a direct investment in patient flow, workforce stability, and access to care statewide.

For these reasons, Maine hospitals strongly urge the committee to support LD 2131.

Respectfully submitted,

Sally Weiss

V.P., Workforce Policy & Strategic Initiatives

Maine Hospital Association