



MAINE'S LEADING
VOICE FOR HEALTHCARE

TESTIMONY OF THE MAINE HOSPITAL ASSOCIATION

In Support Of

LD 1797 – *An Act to Expand Maine's Health Care Workforce Expanding Educational Opportunities and Providing Tax Credits*

May 2, 2023

Senator Curry, Representative Roberts and members of the Innovation, Development, Economic Advancement and Business Committee, my name is Sally Weiss and I am here on behalf of the Maine Hospital Association.

I am here today to express our support for LD 1797.

MHA represents Maine's 36 private acute care, psychiatric, and rehabilitation hospitals.

Maine's healthcare workforce shortage is impacting every facet of care. Patient outcomes are affected daily because hospitals cannot move patients to the appropriate level of care or place—skilled nursing, home health or another hospital—due to the lack of workforce to care for them. For example, on February 1st this year, 118 behavioral health patients were stuck in emergency departments throughout Maine because of a lack of clinical personnel to staff psychiatric beds. To cope with these shortages, hospitals have depended on contracted staff to maintain bed capacity and deliver care, spending over \$500 million on contracted labor in 2022 alone. This is not financially sustainable and is not what we want. Maine hospitals desperately want sufficient clinical staff throughout the healthcare continuum to support access to quality patient care.

Unfortunately, this problem is likely to worsen as Maine's aging workforce will soon retire en masse, impacting rural and underserved communities the most. As President Jackson noted in his opening testimony, the Maine Department of Labor's healthcare occupations report stated that approximately 30% of Maine's current healthcare workforce were over the age of 55 years old.¹ This means that for hospitals alone, 8,000 healthcare workers can be expected to retire within the next 10 years. This anticipated loss is in addition to current vacancies hospitals are trying to fill – 4,000 direct care jobs, with nearly half of those in nursing.

¹ 2022 Maine's Healthcare Occupations report, September 18, 2022. Retrieved from:
<https://www.maine.gov/labor/cwri/publications/pdf/2022MEHealthOccupationsReport.pdf>

Our members have shared with me the increasing need for primary care and behavioral health access in their communities, as Mainers delay important medical care or seek care in the emergency room of their community hospital due to a lack of access. To maintain the status quo, Maine will require an additional 120 primary care physicians by 2030, a 9% increase of the state's current 1,243 practicing Primary Care Physicians (PCPs). This 9% increase is in addition to the backfilling of retiring physicians over the next 7 years.²

What these local data demonstrate is that the need for healthcare workers, particularly those educated and trained to provide care in Maine, is only increasing over time and requires concerted focus on recruitment, training, and retention. Maine hospitals are intensively engaged with partners and stakeholders across the state to identify the best strategies, employ new innovations, and create new training programs. However, there remain barriers that continually impede progress.

First, lack of faculty and clinical educators is a significant challenge. For instance, the University of Maine had 1,239 nursing school applications for only 80 slots.³ This shows that people are being drawn into the field of medicine and healthcare, but we do not have the infrastructure in place to meet the demand. LD 1797 focuses on this bottleneck by renewing nursing education loan repayment, which removes financial barriers to obtaining additional degrees which are required to teach.

Lack of clinical training sites is another significant barrier. Once a physician or clinical student completes their classroom-based education, they require months of clinical training in a hospital or outpatient clinic prior to being eligible to sit for their final exam and be licensed or certified in the state of Maine. Clinical training requires preceptors (experienced healthcare professionals who provide supervision and teach at the bedside) and clinical sites, both of which are currently insufficient to meet current needs, let alone expanded throughput. LD 1797 provides sustained funding for two grant funded initiatives (ARPA) that are now under way, which focus on expanding clinical placements for students, bringing new clinical sites on board, and supporting new preceptors with education and skills to ensure students have a robust training experience.

Lastly, difficulty attracting and retaining new workers to rural communities continues to be a challenge. LD 1797 provides funding for two initiatives that directly support attracting and retaining new physicians and nurses. The Maine Healthcare Provider Loan repayment program makes eligible loan repayments to physicians who choose to work in areas with health professional shortage areas or underserved communities. This would be greatly helpful to our rural hospitals and communities that have struggled to recruit primary care providers despite significant efforts. Additionally, LD 1797 creates a New Nurse Retention Credit that provides financial support to new nurses as they start their career in healthcare. This financial support is

² Maine: Projecting Primary Care Workforce. The Graham Center. Retrieved from: <https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Maine.pdf>

³ Senator Collins Introduces President of UNE at Hearing on Health Care Workforce Crisis. Retrieved from: <https://www.collins.senate.gov/newsroom/senator-collins-introduces-une-president-at-hearing-on-health-care-workforce-crisis>

an acknowledgement of their work and dedication to become a nurse and continue their learning in the first three years of practice. This in combination with other programs hospitals have implemented over the past several years demonstrate Maine's commitment to the nursing profession.

In closing, we cannot expect that a one- or two-year bolus of funding and quick initiatives will fix the challenges that lay before us. We need sustained funding and programming to ensure that Mainers have access to healthcare for years to come. It is for these reasons that the MHA supports LD1797. Thank you and I'm happy to answer any questions you may have.