

Testimony before the Committee on Appropriations and Financial Affairs and the Committee on Health and Human Services on

LD 2214, An Act to Make Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2024 and June 30, 2025

Public Hearing: Monday, February 26, 2024 at 10:00 AM

Senator Rotundo, Representative Sachs, Senator Baldacci, and Representative Meyer, as well as Distinguished Members of the Committee on Appropriations and Financial Affairs and the Committee on Health and Human Services:

Good morning my name is Lindsay Brown, and I serve as the Director of Nursing at Seaside Healthcare in Portland. I've spent nearly my entire career in the Long Term Care setting. I entered the workforce as a C.N.A. and have advanced through each level of nursing, gaining the knowledge and expertise that has led me to nursing leadership.

I am submitting this testimony in opposition to LD 2214 as it simply does not provide enough funding for nursing homes and residential care facilities providing care in Maine. Our industry has seen over 23 closures of nursing facilities since 2014, nine of which have occurred in the last three years. The funding shortfall is significant. For nursing homes, the 2022 shortfall is \$96.5 million for nursing homes and \$24 million for residential care facilities. This shortfall is anticipated to grow to nearly \$125 million in 2024. The proposed supplemental budget includes just \$10 million to address this significant gap. It simply isn't enough.

Seaside is a 147-bed skilled nursing facility. We serve both members of our community who require long term care and short-stay rehabilitation. We support a staff of nearly 200 members to meet these resident needs, each of which deserves a fair and competitive wage. Nursing homes have struggled to meet the wage adjustments needed to keep up with inflation, and cost of living rises occurring around us. These caregivers have specialized training to meet the complex needs of our patients, patients that are discharging to Skilled Nursing Facilities sicker and sicker. Retaining a "quality" staff with valuable skills has been increasingly difficult. And so, Nursing facilities are forced to engage with temporary staffing agencies. With such agencies, comes further financial burden.

These agencies have their place, originally intended to support remote areas, emergency departments, critical care units, temporary leadership positions, NOT to fill nursing homes. These agencies offer inflated rates to their staff, travel stipends and the promise of scheduling flexibility. Many house staff left, to join this wave of "travel." To place into prospective what these lofty promises "cost" nursing homes, more than double, triple even, a fair and competitive wage! 40, 50, 60 dollars an hour for a contract C.N.A. C.N.A, an entry-level healthcare position, now costing the nursing home more than previous Registered Nurses. RNs? 80-100 AN Hour, for the very same nurse that previously worked for a

competitive wage of \$30. The cost of “doing business” has changed, and the proposed funding will NOT allow for nursing homes to guarantee “a place for mom.”

In the most recent year, Seaside made the difficult decision to scale back our occupancy as we simply could not afford the caregivers required to staff it. The financial gaps are too great. This decision has negatively impacted our care partners, who depend on us for subacute care transitions. It caused a backlog at hospitals where folks requiring rehab and long term care stay for extended amounts of time because there simply aren't beds available. It caused a domino effect across the continuum, hospitals overflowing, people unable to get the healthcare they need because acute care facilities are at capacity, overflowing with patients that simply can't go home, yet are unable to transition to the appropriate level of care.

We've had to get creative in attracting quality caregivers back. We've placed additional efforts in marketing, hired talent acquisition specialists to recruit nurses back to us, implemented increased base wages, lofty shift differentials, and provided wage revisions for hundreds of employees. The efforts are working; we have recently re-opened 10 of the 40 beds taken offline, with the successful hiring of house staff, and the reduction of contract labor that is bankrupting the industry. Additional funding is necessary to recruit and retain qualified caregivers, to continue to serve our aging population. The idea of imposing further mandates on minimum staffing patterns and registered nurse coverage has us anticipating even further challenges. We can't FIND nurses to fill the positions! I don't think there is a single nursing home in operation that actually wants to work at “minimum” levels. Our ask is to be able to afford to employ the NECESSARY support staff to provide warm meals, clean rooms, and a standard of care that promotes quality and safety.

The ask is big, and the work will be hard, but we ask for your support and reconsideration of the funding for Long Term Care and Residential Care Facilities in Maine.

Thank you for the opportunity to speak with you about the challenges that continue to face the healthcare communities of Maine.