HOUSE OF REPRESENTATIVES



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Testimony in Support of LD 960 An Act Facilitating the Discharge of Hospitalized Patients to Nursing Facilities.

Presented to the Health and Human Services Committee

Senator Ingwerson, Representative Meyer, and distinguished members of the Health and Human Services Committee,

I come before you today to introduce LD 960, An Act Facilitating the Discharge of Hospitalized Patients to Nursing Facilities. This bill seeks to address critical inefficiencies within our healthcare system that prolong hospital stays for patients who have been clinically cleared for discharge but face unnecessary delays due to regulatory and administrative barriers.

Maine's hospitals are experiencing a growing crisis where patients ready for discharge to a nursing facility remain in hospital beds for extended periods due to several avoidable obstacles. These delays not only limit the availability of hospital beds for patients requiring acute care but also create undue stress on families and unnecessary costs for the healthcare system.

Currently, MaineCare regulations stipulate that if a patient does not select community-based services, they must accept the first available, appropriate nursing facility within a 60-mile radius, or MaineCare reimbursement will be terminated. This restriction is an undue burden, particularly for rural Mainers whose closest nursing facility may be beyond the 60-mile limit. Removing this requirement will allow patients and families more flexibility in choosing suitable care and ensure that they receive necessary services without fear of losing reimbursement.

The current 45-day standard for processing MaineCare applications creates unnecessary delays for hospitalized patients awaiting placement in nursing homes. By reducing this processing time to 30 days, we can expedite approvals and facilitate timely discharges, ensuring that patients receive appropriate care in a more suitable environment while freeing up hospital beds for those in acute need.

Under current guidance, Adult Protective Services (APS) requires a nursing facility or residential care facility to accept a patient before initiating guardianship proceedings. This approach delays the guardianship process, prolonging hospital stays and adding unnecessary layers of complexity to discharge planning. Prohibiting this practice will allow for more timely initiation of guardianship and expedite the transition of vulnerable patients to appropriate care settings.

These policy reforms are essential for improving patient care, alleviating strain on our hospital systems, and reducing healthcare costs. By addressing these regulatory bottlenecks, we can ensure that patients are placed in the most appropriate care setting without unnecessary delay, and that hospitals can focus their resources on patients who require acute care.

LD 960 is a common-sense approach to addressing a pressing issue within our healthcare system. I respectfully urge the members of the Health and Human Services Committee to vote in favor of this bill and advance it to the full Legislature for passage. Together, we can improve healthcare delivery, protect vulnerable patients, and ensure that Maine's hospital resources are used efficiently and effectively.

Thank you for your consideration.