



**Testimony of Angela Westhoff, President & CEO  
Maine Health Care Association**

Testimony before the Committee on Health and Human Services in support of  
***LD 772, An Act to Assist Nursing Facilities in the Management of Facility Beds***

Public Hearing: Friday, March 28th, 2025 at 10:00 am  
Cross Office Building, Room 209

Senator Ingwersen and Representative Meyer as well as Distinguished Members of the  
Committee on Health and Human Services:

My name is Angela Westhoff, and I serve as the President & CEO of the Maine Health Care Association. We represent approximately 200 nursing homes, assisted living centers, and residential care facilities across the state. Our mission is to empower members to ensure the integrity, quality, and sustainability of long term care in Maine.

I am testifying in support of ***LD 772, An Act to Assist Nursing Facilities in the Management of Facility Beds***. This bill seeks to modify the criteria to reinstate nursing facility beds that have been voluntarily taken offline by removing language that limits such reinstatement to beds removed prior to July 1, 2007 for reasons other than to create private rooms. Further, the bill seeks to expedite the Certificate of Need approval to reopen reserved beds and would waive the requirement that providers have to demonstrate that any increases in MaineCare costs would be offset by other MaineCare savings.

As we all know, the number of nursing home closures in Maine continues to grow. Since 2014, 29 nursing facilities have closed their doors. Maine is the oldest state in the nation and is projected to become even older, with nearly 30% of our total population being over 65 by 2040. Despite this clear trend of needing more beds, policies have led to the loss of facilities in all corners of the Pine Tree State.

Maine once had over 10,000 nursing home beds, and now we have just under 6,000 licensed nursing home beds. That's a 40% decline. Earlier this year, Mercy Home in Eagle Lake announced it was closing its nursing home and residential care facility, and access will further decrease. Maine already has the fewest skilled nursing home beds per 1,000 residents in the entire Northeastern United States.

In the unfortunately rare instance in which a nursing facility has the capacity to expand services, allowing them to reinstate beds in a more expeditious manner is a good step in the right direction to try and address access. Staffing beds remains a challenge. LD 772 includes language specific to "incremental costs of reopening and operating reserved beds being consistent with the other costs of operating other beds" as criteria for approval. The bill also notes that these costs must be recognized as "allowable costs and incorporated into the facility's MaineCare payment rates." The newly implemented nursing facility rate system and pending rulemaking to the NF Principles of Reimbursement moves Maine's nursing home payment system to a prospective payment that changes "allowable costs" to a daily rate. This language may need further review.

Lastly, LD 772 would require the Department to adjust its treatment of medical directors' services. MHCA has recommended the removal of the arbitrary and significantly outdated \$10,000 limitation on this service. Making this change would be especially apt for the new nursing facility rate system, which is more of a pricer model. Essentially, this outdated limitation is a cap within a cap and serves no purpose.

In conclusion, MHCA supports the intent of LD 772 and appreciates efforts to bring back beds that have been voluntarily taken offline to address access to long term care. Thank you for your time.