

March 28, 2025

"Senator Ingwerson, Representative Myers and distinguished members of the Health and Human Services Committee, I am grateful to be invited to provide testimony in support of SP 399: "to create the commission to improve the oversight of the long-term care system".

I strongly support SP399 because I can observe the variance in providing long-term care in a memory care facility to my wife of 65 years and to others in her unit. A commission that will monitor, evaluate and provide guidance for the provision of long-term and especially, memory care is critically needed in Maine. I reviewed 250 pages of the *Maine State Cumulative Subject Index* and found that many statutes concerning long-term care appear to have been repealed. In addition, I could not find any currently active statutes pertaining specifically to memory care facilities and this situation could have serious consequences for people suffering from dementia and Alzheimer's Disease. The medical issues faced by patients with dementing diseases are different than those of patients needing long-term care for physical disabilities or other chronic diseases and I think that a commission that would evaluate the situation could prove to be very helpful.

The programs of service essential for memory care are very different than those needed for other kinds of diseases, as are the levels and types of care-giving skills. One of the issues that requires attention of the proposed Commission is the need to specify what types and duration of training should be provided for potential care-giving staff working in memory care facilities that are not certified as CNAs. I have observed staff still in their junior year of high school trying to help/serve people with one of the most devastating diseases known. Even for CNAs, is 8 hours/year of training enough to care for dementia patients? This is what a commission on long-term and memory care could help to decide.

I have also noticed a substantial turn-over of staff and in many cases, it is obvious that, as compassionate as they might be, many care-givers soon leave for better paying jobs. This turn-over can have negative consequences for vulnerable and fragile dementia patients as they continue to decline. The proposed commission might want to evaluate the critical issues of staff retention and suggest potential solutions. In this context, a commission might wish to monitor whether in the face of continuous staff turnover, there is consistent and independent evaluation of those completing certification programs. Leaving this evaluation to the facility providing the training could result in a conflict of interest, *especially providers in a for-profit center.*

At the very least, proposing standards and a specified course of staff training in memory care essentials is critical as are routine follow-ups and on-site inspections to address the issue. Alzheimer's and other dementias are systemic diseases, not just diseases of the

brain, and there is marked decline in the patient's well-being. Dementia patients will eventually suffer a complete loss of cognitive and bodily functions as their disease progresses. The programs for care required for dementia patients is different than cognitively intact patients in long-term for lung pathology or with mobility impairments. It was not easy for me to find any legislation in Maine reported in the Cumulative Subject Index that currently addresses this problem (however, specific plans have been proposed (see below).

Memory care facilities often advertise a robust program of cognitive and motor exercises designed to delay the course of the decline. In my wife's facility, it has been my observation that there are only several staff suitably trained (or licensed) provide and/or supervise the programs described the company's brochures. This is why the creation of a commission to establish, inspect and evaluate programs designed specifically for residential memory care patients would be very helpful. Thank you for giving me the opportunity to share my thoughts with you.

Respectfully,

Donald Stein

5 Finch Drive

Topsham, ME 04086

Reference:

"Maine Reaching for the Summit: Addressing Alzheimer's Disease and Related Dementias"

Maine State Plan 2022-2027(Maine Center for Disease Control and Prevention

From the Executive Summary:

"The Plan seeks to create the necessary infrastructure that empowers, educates, and supports people living in Maine by reducing ADRD risk factors, promoting early detection, and connecting people to resources they need to optimize their wellbeing.

Recommendations for the Plan were developed over the course of a year (2021-2022) through a rigorous, multi-phased process. Using the U.S. Centers for Disease Control and Prevention's (CDC's) Healthy Brain Initiative's *State and Local Public Health Partnerships to Address Dementia: The 2018—2023 Road Map*, which outlines an action agenda for state and local public health agencies and their partners, Maine assembled a diverse stakeholder group to lead a series of subcommittees that were each tasked with developing a set of recommendations that align with the four essential services of public health: educate and empower, develop policies and mobilize partnerships, assure a competent workforce, and monitor and evaluate. The subcommittees and the respective recommendations that they produced address six focus areas: Access to Care, Care Partners, Legal and Safety Issues, Public Awareness, Research and Data Collection, and Workforce Development and Training. Each subcommittee was led by a Maine-based subject matter expert in their respective fields⁴.

¹ https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine_State_Plan_on_Aging_2020-2024.pdf

² <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Age-Friendly-State-Plan.pdf>

³ https://www.maine.gov/dhhs/mecdc/population-health/ccc/documents/2_Maine_Cancer_Plan_2021-2025.pdf

Biosketch
Donald G. Stein, Ph.D.
Professor Emeritus
Emory University

Donald G. Stein, Ph.D. was Asa G. Candler Professor and Distinguished Professor in Emergency Medicine at the Emory University School of Medicine in Atlanta, Georgia (1995-2021). Before returning to full-time teaching and translational neuroscience research, Dr. Stein served Emory as Vice Provost for Graduate Studies, Dean of the Graduate School of Arts and Sciences and interim Vice President for Research. He was previously Vice Provost for Research and Dean of the Graduate School at Rutgers University, Newark, adjunct professor of Neurology at the University of Medicine and Dentistry of New Jersey (1988-1995), and before that, served on the faculties at Clark University and the University of Massachusetts Medical Center in Worcester (1966-1988).

Stein's research focused primarily on recovery of function after injury to the brain. His laboratory was one of the first to demonstrate sex differences in the outcome of severe cortical injury; findings which led to decades of research on neurosteroid actions in brain repair. His investigations specifically examined the effects of progesterone and its metabolites, in promoting functional recovery after traumatic brain injury, stroke and brain cancer. Stein has collaborated with medical colleagues in emergency medicine, neurology, radiation oncology, pediatrics and neuro-ophthalmology in bringing his research to clinical application. His work has been supported by a variety of federal agencies beginning in 1965, and by philanthropic grants. He is the author of over 400 papers, books, book chapters, and reviews on CNS plasticity and recovery from brain injury. Before retiring in 2021, Stein completed 50 years of teaching and research at all levels of academic study: undergraduate, graduate and post-doctoral in the United States and abroad. Don and his wife Darel, currently live in Topsham, Maine.

Email: dstei04@emory.edu
Phone: 404- 273-5226