



Maine Chapter

**Testimony**

Relating to

**L.D. 979, Resolve, Regarding Legislative Review of Chapter 113: Assisted Housing Programs Licensing Rule, a Late-filed Major Substantive Rule of the Department of Health and Human Services**

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Before the Joint Standing Committee on Health and Human Services

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Senate Chair Ingwersen, House Chair Meyer, and members of the Joint Standing Committee on Health and Human Services:

My name is Jill Carney, Director of Maine Public Policy for the Alzheimer's Association, and a resident of Cumberland. The Alzheimer's Association urges the Committee to support L.D. 979, which would permit the Legislature's consideration of a major substantive rule of the Department of Health and Human Services governing assisted housing and residential care programs. In addition to streamlining the complex regulations for increased efficiency and understanding, it would modernize significantly outdated staffing ratios that do not reflect the need to provide evidence-based and high-quality person-centered care.

**Dependence on Long-Term Care Services for People Living With Dementia**

Those with dementia are high users of long-term care services. According to the Alzheimer's Association, 42 percent of residents in residential care facilities (that is, housing that includes services to assist with everyday activities, such as personal care, medication management and meals), including assisted living facilities, had Alzheimer's or other dementias in 2020, up from 34 percent in 2016. This trend is more pronounced in Maine, with the Cutler Institute finding in a 2024 report on the characteristics of residential care services that more than 50 percent of residents in both nursing homes and Private-Non-Medical Care Institutions (PNMI-Cs) had dementia. In addition, the percentage of residents requiring assistance in all five activities of daily living consistently increased from 2021 to 2023 in PNMI-Cs.

As the prevalence of Alzheimer's and related dementia grows in the coming years, the long-term care system will need to be responsive to the complex needs of this group of residents, the size of which we anticipate will grow. Minimum staffing ratios that support the delivery of quality person centered care is a key component to ensuring Maine residents living with dementia are cared for with dignity now and in the future.

### **Alzheimer's Association Dementia Care Practice Recommendations**

The Alzheimer's Association's Dementia Care Practice Recommendations (DCPRs) outline recommendations for quality care practices based on a comprehensive review of current evidence, best practice, and expert opinion. The DCPRs were developed to better define quality care across all care settings and throughout the disease course. The DCPRs are fundamentally based on a person-centered focus and acknowledge that this focus is the core of quality care.

Having a person-centered focus means supporting on-going opportunities for meaningful engagement with the individual living with dementia, no matter the care setting. With appropriate staffing ratios in place, staff have more time to comfort individuals and participate in meaningful engagement. This also allows for regular evaluation of care practices and the ability to make appropriate changes for the individual as needed.

In residential long-term care settings, staffing is a key driver of quality care. A review of scholarly literature on this subject verifies that there is a clear association between higher levels of licensed staff and higher quality of care. A resident's individual outcomes (including the presence of weight loss, bed sores and general functional ability), is regularly linked to staffing and there is an association between higher turnover rates and lower quality of care.

These themes were reinforced in a report from the Department of Health and Human Services outlining issues raised by the Nursing Home and Residential Care Facility Innovation and Quality Advisory Council, which included a wide variety of stakeholders. It outlined the importance of delivering person-centered care and recognized that a stable, well-trained, and supported workforce is foundational to this approach.

### **Supporting the Direct Care Workforce to Meet Staffing Demands**

Nationwide, the crisis of a shortage in the direct care workforce significantly impacts people living with Alzheimer's and their families. The Alzheimer's Association finds that an estimated 1.2 million additional direct care workers will be needed between 2020 and 2030 – more new workers than in any other single occupation in the United States.

The Maine Legislature and this Committee have taken significant steps to increase recruitment and retention of this critical workforce through improving compensation, and indications are that your efforts are making a difference. But compensation is only one facet of a job that requires skilled, compassionate care. Workers also need to feel supported with adequate staffing. We know that instability in the workforce and understaffing across care settings can lead to stress, injury and burnout among direct care workers while also compromising care access and quality.

### **Final Rule Reflects Compromise**

Along with a high number of other stakeholders, the Alzheimer's Association had the opportunity to participate in the public comment process for the Department's proposed rule. In our comments, we supported the draft rule's robust staffing ratios. While the final version of the rule before you today has reduced some of those ratios and established a phase-in period due to concerns about feasibility raised by other commenters, we still strongly support moving ahead with the final rule because it reflects a compromise resulting from a fair and thorough process.

### **Conclusion**

Delaying implementation of updated rule will be a setback for Mainers that cannot safely live independently and for the family members that rely on regulations such as these to have confidence that their loved ones will be well taken care of. It will always be difficult for facilities to hire more staff, but accepting lower levels of care for our loved ones and leaving staff with insufficient support is not an outcome we can afford either.

The bottom line is that staffing ratios currently in place, established more than 17 years ago, do not reflect the latest evidence on delivering quality care to residential care consumers, a growing percentage of whom are living with dementia and require more complex care.

Thank you for your consideration of L.D. 979. Again, we urge the Committee to support this critical legislation.

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