

Testimony in Opposition to LD 1540: An Act to Establish the Complex Care Assistant Program

Home Care & Hospice Alliance of Maine

April 14, 2025

Senator Ingwersen, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services:

The Home Care and Hospice Alliance of Maine appreciates the intent behind LD 1540 and commends the drafters for offering one of the most thoughtful approaches to this issue that we've seen to date. The bill acknowledges the complexity of care needs of this population and attempts to build in time for change through waivers and phased implementation.

That said, the Alliance respectfully opposes LD 1540 as currently drafted and urges the committee to first convene a formal stakeholder work group to further examine the proposal and address critical concerns related to safety, liability, funding, and implementation.

The Home Care and Hospice Alliance of Maine is a network of home care, hospice, and personal care providers across our State delivering in-home care to older adults and disabled individuals of all ages, including children with complex medical conditions, allowing them to stay in their homes and communities. Our members bring deep expertise in this area and have concerns with several provisions that could create unintended consequences:

Agency Cost Burden: The bill appears to require agencies to cover the cost of certification and training for Complex Care Assistants (CCAs), yet provides no mechanism for reimbursement. This presents a significant financial burden and would be unsustainable without dedicated funding.

Scope of Practice and Safety: The tasks outlined for CCAs, such as medication administration, tracheostomy care, enteral feeding via specific tubes, and respiratory support, are high-acuity skills that currently fall within the nursing domain. While CCAs may serve as valuable support, they should not replace RNs or LPNs, especially for patients with ventilator dependence or compromised respiratory status. Requiring only a monthly RN visit in these complex cases raises serious safety concerns.

Delegation and RN Liability: The bill places significant responsibility on RNs to delegate tasks to CCAs, yet offers no clarity on how this aligns with the Board of Nursing’s delegation standards. Without clear protections, RNs could be held liable for tasks that exceed safe delegation thresholds.

Definition of Family Caregivers: We urge the bill to more clearly define “parent or guardian” and explicitly exclude extended family members from serving as CCAs, in order to prevent program creep and safeguard against inappropriate delegation and supervision challenges.

Oversight and Compliance: The bill is vague about how enforcement, documentation, and 30-day RN visit compliance will be monitored. More detail is needed regarding documentation standards, supervision protocols, and the roles of agencies versus the state.

Training and Certification: What entity will develop and approve the required training curriculum? Will there be recertification requirements, and how will concerns about family competency or safety be addressed? What happens when a family member is deemed unfit? Can they simply move to another agency?

Program Cost and Reimbursement: There is no mention of funding for the increased administrative responsibilities placed on agencies. Based on our estimates, each case could require at least 8 RN hours per month for supervision, documentation, and oversight per patient on top of the already reimbursed clinical care. Training time and costs must also be considered.

Liability and Risk: Expanding the scope of non-nursing caregivers without adequate safeguards could increase agencies’ exposure to liability. We would urge the inclusion of indemnification language for agencies acting in good faith and within defined protocols.

EVV and Emergency Implementation: Will CCAs, particularly family members, be subject to electronic visit verification (EVV)? Additionally, if enacted as an emergency measure, how will rules, waivers, and billing guidance be ready in time for effective and compliant implementation?

We appreciate the thoughtful framework that LD 1540 seeks to establish. However, the potential safety, legal, financial, and logistical issues cannot be overlooked. We strongly urge the committee to convene a stakeholder group first that includes providers, nurses, families, state agencies, and payers to collaboratively refine the proposal and ensure that any program developed is safe, equitable, and sustainable.

Thank you for your time and consideration.

Thank you,

A handwritten signature in black ink, appearing to read "Sara Ratcliffe". The signature is written in a cursive, flowing style.

Sara Ratcliffe

Executive Director

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