



Testimony of Jessica Fay for
The Maine Council on Aging
January 20, 2026
In Support of LD 1932

Senator Ingwersen, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services,

My name is Jess Fay and I am the Policy and Advocacy Director for the Maine Council on Aging, a broad, multidisciplinary network of over 140 organizations, businesses, municipalities, and older community members working to ensure we can all live healthy, engaged, and secure lives with choices and opportunities as we age at home and in community settings. I am also here as a member of Maine's Essential Care & Support Workforce Partnership. The Partnership is a coalition of over 300 providers, care workers and family members collaborating to build the conditions needed to support a strong care workforce.

I am testifying in support of **LD 1932 An Act to Support Essential Support Workers and Enhance Workforce Development**. The provisions of LD 1932 were developed through an 18-month stakeholder process through three separate working groups made up of people with expertise and lived experience and guided by two comprehensive reports^{1 2} from the Maine Center on Economic Policy related to this workforce shortage. We want to thank Speaker Fecteau for sponsoring this important bill.

Essential care and support workers are people who provide care and support to older people, people with physical and intellectual disabilities, and people with behavioral health challenges in home, residential care, treatment, and community settings. People who do this physically and emotionally demanding work provide the foundation for our entire health care system.

Specifically, because we have failed to make adequate investments in these workers and this workforce, older Mainers are experiencing avoidable medical problems that result in hospitalizations. Many cannot be discharged to home or nursing homes for months because of the workforce shortage, taxing the entire system, putting an unnecessary strain on our rural healthcare workforce and costing us over a billion dollars annually.

Over the past six years this Committee and the Legislature have understood these challenges and taken critically important steps to address the causes of the crisis we face. Unfortunately, as progress was finally being made, and the workforce was starting to slowly grow, the funding necessary to pay for increased wages was cut. This has driven workers into other fields, where they can earn more doing less strenuous work.³

If we want to ensure we have an adequate care workforce to meet the needs of Mainers who need care and support, we must bolster the framework previously created to ensure the predictability

¹ <https://www.mecep.org/jobs-and-income/the-high-cost-of-undervaluing-direct-care-work/>

² <https://www.mecep.org/jobs-and-income/closing-the-gap-maines-direct-care-shortage-and-solutions-to-fix-it/>

³ MECEP's report on the High Cost of Undervaluing Direct Care Work, they highlight that workers in other fields with similar training, such as cooks, janitors, and customer service workers earn more than care workers.

and stability of this workforce over time, pay a market driven rate for labor, and allocate sufficient funds to meet Maine's current and future care needs. LD 1932 proposes to do just this.

LD 1932 addresses this problem in three ways.

- It increases reimbursement for the labor portion of the Maine Care rate that funds essential care and support to 140% of minimum wage. According to the Maine Center for Economic Policy, 140% of minimum wage is the wage that would bring the pay for essential care workers more in line with Maine's labor market.⁴
- It sets a wage floor for workers in this field at 125% of minimum wage when the rate funds 140%.
- It helps us understand future costs so that the Legislature and Executive branch can more accurately budget for future utilization so that there is adequate and predictable funding available for these critical services.

This last piece is critical. Just for the care of older people, we have tens of thousands of hours of care going undelivered every week. Because we budget based on what we spent in previous years, and because we have not spent the funds we were supposed to on the care of older people, we have not adequately budgeted to pay for these services when we grow the workforce and provide more care. Put another way, every time we provide more care than we budget for, we are growing a deficit.

We must start allocating and saving sufficient funds to meet the care needs of all people entitled to care and support. If we do, we can use unspent funds to invest in strategies we know work to grow the workforce. If we do this, eventually, we will have a stable source of funds to pay for Maine's care and support needs.

Of course, the current population in need of care and support is not static. In fact, as humans, we are living about 25 years longer than we were in the 1950's. According to the Lancet,⁵ "[t]hese changes in age structure are likely to present considerable economic challenges caused by a growing dependency ratio of older to working-age population and a shrinking labour force." As we know, Maine has a large and growing population of older people, some of whom will need care and support in the future. This is why we must do everything we can to invest in healthy aging while also growing the frontline workforce who keep people healthy and living in the community, versus utilizing medical care and in need of residential care. Simply put, we must consider Maine's future demographics to ensure we are not caught short on funding for essential care and support in the future.

Passing LD 1932 would be a significant step in the right direction of ensuring that everyone who is entitled to care receives care.

⁴ Phillips, A. (2024, June 17). Closing the Gap: Maine's direct care shortage and solutions to fix it. Maine Center for Economic Policy. <https://www.mcep.org/jobs-and-income/closing-the-gap-maine-s-direct-care-shortage-and-solutions-to-fix-it/>

⁵ Global fertility in 204 countries and territories, 1950–2021, with forecasts to 2100: a comprehensive demographic analysis for the Global Burden of Disease Study 2021 Bhattacharjee, Natalia V et al.

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