MHCA

Maine Health Care Association

Testimony of Angela Cole Westhoff, President and CEO Maine Health Care Association

To the Joint Standing Committee on Health and Human Services

Neither For Nor Against
LD 2083, An Act to Expand Access to Certified Residential Medication Aide Training

Tuesday, January 27, 2026 at 1:00 pm

Good afternoon, Chair Meyer and Chair Ingwersen, esteemed members of the Health and Human Services Committee, I am Angela Westhoff, President and CEO of the Maine Health Care Association (MHCA).

The MHCA represents more than 200 nursing homes and assisted living/residential care facilities across Maine. We strive to empower members with additional educational and continuous quality improvement opportunities to ensure staff are providing first rate care and services to Maine's vulnerable older adults and adults with disabilities.

I stand before you today to deliver testimony neither for nor against **LD 2083** and I offer an amendment as you'll find in my printed testimony. I take the position of neither for nor against for a very simple reason: the language of the bill as written is not clear.

After receiving several calls and emails from our members inquiring about what this bill is attempting to do, I reached out to the Department for more details. The staff was gracious with scheduling time to meet and we engaged in meaningful conversations last week about the Department's intent with this bill.

These conversations were very helpful, and I am grateful to the staff at DHHS who explained to me their goal: to update and tighten up oversight of Certified Residential Medication Aide (CRMA) curriculum and instruction. They provided some additional details in their explanation that make a lot of sense. In fact, during our conversation last week, we had many areas of unanimous agreement.

Unfortunately, neither the bill title, nor the language do any justice to clearly articulate the Department's intent as they described to me on two separate occasions. Respectfully, I submitted the amendment you have before you to the Department on Saturday of last week, and offer it to you today with the following explanation:

1) You'll see we've suggested changing the title from *An Act to Expand Access to Certified Residential Medication Aide Training* to ***An Act to Establish Standards for Certified Residential Medication Aide Curriculum and Training.***

Reasoning: The original title suggests the bill will increase (aka "expand access") the number of people becoming CRMAs. In reality, the intent of the bill, as described to me by the Department, is to tighten up curriculum and oversight, not to increase the number of people who have access to and complete a CRMA training program. Actually, MHCA is concerned that the passage of this bill may have the opposite effect, decreasing the number of CRMAs, as the bill as written charges fees for individuals to obtain their certification, when before they (or their employer) were only paying for the training. This bill will also create a process to certify, decertify, and sanction RN instructors with fees. Nurses are already in short supply and are often working long hours. I spoke to several RNs who provide this education at the long term care facility they work at in addition to their regular clinical role. Respectfully, it isn't clear how the new training process for CRMA instructors will be developed. It also isn't clear how the Division of Licensing and Certification has the authority to impose financial penalties or sanctions on RNs. Wouldn't that be the Board of Nursing's role?

2) We are recommending striking everything in Section 2 and have offered a rewrite that a.) establishes rule making authority, which seems to be the main intent; b.) provides the specific language the Department explained was their basis for submitting this bill, that is, standardizing CRMA curriculum and requirements, orienting stronger oversight of instructors, including the issuance of graduated sanctions for noncompliance; and c.) enables the Department to charge fees to individuals for certification.

Reasoning: The new Section 2 explicitly states the intent of the Department's bill in a very clear manner and uses the Department's own words shared with me last week.

3) You'll see we've added Sections 3-6 that establish a short-term stakeholder group, prior to rule making, to ensure the Department has direct information from the wide body of impacted stakeholders.

Reasoning: This legislative committee and Maine's legislative body have a long-standing tradition of creating rules and laws that impact large groups, based on direct information from those impacted stakeholders. Following the example of countless pieces of legislation, these sections will help the Department with direct input and feedback from a wide range of viewpoints. This is critical with the development of a whole new certification process and it also helps to prevent unintended consequences from "building the plane while we fly it" which often happens when policy moves quickly. The Department also states it is not allowed to engage in discussion with stakeholders once formal rulemaking begins.

My intent today with this amendment is to improve the bill to better align with how the Department explained their intent with this legislation. This amendment is offered in good faith, and in an effort to collaboratively make good, transparent public policy.

On behalf of our 200+ members, I thank you for your time today, and I thank the Department for the expressed desire to work together.

I am happy to answer any questions.

Proposed Amendment to LD 2083

Amend the title so as to read: **An Act to Establish Standards for Certified Residential Medication Aide Curriculum and Training**

Amend the bill as follows:

On page 1, line 18, strike everything after Sec. 2. 22 MRSA §42, sub-§1-B

> 1-B. Certified residential medication aide certificate. The department shall issue a certificate to an individual who has successfully completed a department-approved certified residential medication aide course that meets the medication administration training requirements for unlicensed assistive personnel under Title 32, section 2102, subsection 11 in accordance with rules established by the department for facilities under 23 subsection 1-A. The course must be designed to ensure competency in the safe administration of medications by individuals who are not licensed health care professionals. The department shall review the course curriculum at least once every 5 years, or more frequently as determined necessary by the commissioner, to ensure alignment with current clinical standards, safety practices and the needs of residents and clients in facilities under subsection 1-A. The department shall develop rules for the certification of certified residential medication aides and certified residential medication aide instructors and may establish and collect reasonable certification fees and sanction fees from individuals as well as from instructors. Fees must be set by rule and may range from $25 to $100 per individual or instructor, per course, and be valid for a 2-year certification period, as specified by rule. Fees collected pursuant to this section must be deposited in a dedicated special revenue account to support certified residential medication aide certification activities and the ongoing oversight and maintenance of the curriculum. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Insert the following:

Sec 2. 22 MRSA §42, sub-§1-B is enacted to read:

1-B Certified residential medication aide curriculum and training. The Department of Health and Human Services shall adopt rules pursuant to Title 5, chapter 375, subchapter

2-A, to establish a curriculum for education of certified residential medication aides and a training program for certified residential medication aide training instructors. Rules adopted pursuant to this subsection must include:

A. Standard curriculum including the requirements for certification and fees associated with issuing of certification completion, not to exceed $25 for a two-year certification;
B. Standard instructor qualification requirements, teaching platform requirements, and graduated sanctions for instructor noncompliance;
C. Standard curriculum for re-certification every two years;
D. Method and procedures for monitoring issuance of certifications and instructor certifications between Department and Board of Nursing;
E. Method and procedures for recertification;
F. Method and procedures for biannual review of all items herein.

Sec 3. Pilot Stakeholder group. The Department shall convene a stakeholder group to solicit input and recommendations prior to formal rulemaking regarding the areas listed in Sec 2. This group is referred to in this resolve as "the stakeholder group."

Sec 4. Membership. The stakeholder group must include, but is not limited to, the following:

A. A representative from the division of licensing and certification within the Department of Health and Human Services;

B. A representative from the office of aging and disability services within the Department of Health and Human Services;

C. A representative of a statewide organization representing residential care facilities;

D. A representative of a residential care facility;

E. A representative of an assisted living provider;

F. A representative from the long-term care ombudsman program;

G. A representative from day care facilities;

H. A representative from children's homes and nursery schools;

I. A representative from non-nursing level intermediate care facilities for persons with intellectual disabilities;

J. Two employees currently working as Certified Residential Medication Aides in care facilities;

K. Any additional members the Department determines necessary.

Section 5. Duties. The stakeholder group shall review and provide feedback to the Department on items, including but not limited to: the updated training curriculum for certified residential medication aides; updated curriculum for instructors; systems identified for the delivery of training, including any online learning management systems; certification, decertification and sanction processes and any associated fees, and the overall transition to a new certification process.

Section 6. Meetings. The stakeholder group shall meet no less than three times to provide recommendations to the Department prior to formal rulemaking.