



**Written Testimony of the  
Acquired Brain Injury Advisory Council of Maine**

February 11, 2026

In opposition to LD 2177, An Act to Update and Improve the MaineCare Reimbursement System

Greetings, Senator Ingwersen, Representative Meyer, and members of the committee on Health and Human Services

My name is Jim Beaudry. I am a veteran and a survivor of three brain injuries, including an anoxic injury from a near-drowning, a stroke, and then, later, a traumatic brain injury. On behalf of the Acquired Brain Injury Advisory Council (ABIAC), thank you for the opportunity to submit testimony regarding LD 2177. I am proud to serve on the Council and have dedicated my life to brain injury because it is such a struggle, and people with brain injury need all the help they can get. In fact, when I die, I will leave my brain to Mt. Sinai for research to advance science.

I have several conditions secondary to brain injury, and I qualify for an in-home care worker. I've been waiting for help for over three years. I am a resident of Rockland, and the absence of direct care workers in my area is adversely impacting my ability to live independently in the community. I need assistance with meal preparation, planning, and sequencing.

Our Council does not oppose the general technical changes to LD 2177; however, the language in section 3, subsection 4, risks destabilizing the good work this legislature, the Department, and stakeholders had previously implemented by making the schedule of rate adjustments and COLAs "subject to available appropriations," which could include the elimination of adjustments altogether. I am looking to you today to ensure consistency with COLAs and to ensure livable wages for workers who are so essential to Maine communities. Stable funding is vital to maintaining trust and ongoing progress in our services.

Brain injury is a significant and ongoing public health issue in Maine. Approximately 20 percent of Maine's population is living with a brain injury. More than 6,000 Mainers are expected to experience a traumatic brain injury in 2026 alone, and that number does not include all acquired brain injuries, meaning the true impact is even greater. The ABIAC holds public forums across the state every year to hear directly from people living with brain injuries. Year after year, one of the most common concerns we hear is access to care. For some Mainers with brain injury, services technically exist, but they are simply not accessible due to a shortage of direct

support workers. This issue has persisted and remains one of the most significant barriers to recovery, independence, and quality of life.

Improving access to services is one of the Council's core, ongoing goals. We are charged with advocating for expanded and improved services, including addressing barriers related to waitlists, provider capacity, workforce shortages, and out-of-state placements. Without a stable and adequately compensated direct care workforce, progress in any of these areas is limited.

The workforce crisis is especially evident within the Brain Injury Waiver. Currently, 37 offers are funded, yet 290 individuals remain on the waitlist. More people are waiting for services than are being served. The average wait for waiver services is 4.6 years, and even those with the highest priority may wait one to two years. As a result, 42 Maine residents have been placed out of state due to a lack of specialized services available in Maine.

Enhancing wages and supporting the direct care workforce will have a meaningful and immediate impact, improving access to services, reducing waitlists, strengthening provider capacity, and keeping Mainers with brain injury supported in their own communities. For these reasons, the Acquired Brain Injury Advisory Council urges you to reject this bill, or at the very least, amend the language on page 7 that provides for COLAs only when there are available funds, and that would allow for the elimination of scheduled adjustments. I ask you to prioritize Maine's essential workforce by ensuring COLAs are consistent and predictable. Thank you.

Respectfully submitted,

Jim Beaudry  
ABIAC co-chair  
Email:  
Cell: 207-542-1426