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**LD 2212: An Act Making Supplemental Appropriations and Allocations from the
General Fund and Other Funds for the Expenditures of State Government and
Changing Certain Provisions of the Law Necessary to the Proper Operations of State
Government for the Fiscal Years Ending June 30, 2026 and June 30, 2027
February 18, 2026
Testimony Neither For Nor Against**

Senator Rotundo, Representative Gattine and distinguished members of the Committee on Appropriations and Financial Affairs, Senator Ingwerson, Representative Meyer, and distinguished members of the Committee on Health and Human Services:

My name is Bev Uhlenhake and today I'm speaking on behalf of the Maine Association of Personal Care Agencies neither for nor against LD 2212. We appreciate that the cost-of-living adjustments to the MaineCare programs which are state funded without a federal match (Sections 61, 63, 68 and 69) that were promised last June were included in this budget to ensure parity in those programs. However, the lack of COLAs again in this year's budget for MaineCare funded programs is truly unconscionable.

In 2022, the State of Maine put forward an award-winning system of setting rates for appropriate funding, a system that would move with the cost of inflation, ensuring that the people supported through MaineCare could receive supports necessary to survive and thrive. I think it's important to acknowledge the work that the HHS committee and the department committed to doing prior to its implementation in 2022. As noted in the National Association of Medicaid Directors Spotlight Award [announcement](#) in 2022, "MaineCare wanted to create a rate setting system that was transparent, consistent, and focused on equity. Their outdated system was none of these things. So, the agency began the difficult task of explaining the value of this change to their legislature and other policy leaders and encouraging them to invest in a new system, employing a multi-year campaign of evaluation and education. Ultimately, they prevailed, putting in place a modern, data-driven system that helps them support their Medicaid members' needs as well as the entire network of providers."

The very good, thorough work of the department, the HHS committee's Chairs Claxton and Meyer, and the rest of the HHS committee led to a process that recognized that in order to provide quality care to Maine people, providers needed to have a system of reimbursement that was predictable and ensured that payments for services would more accurately flex with the economic realities of serving clients. The budget before you again undermines that predictability by ignoring the promise made to your providers.

To those of us who had to fight to ensure that promises were finally kept to fund municipal revenue sharing at 5% and education at 55%, this feels very familiar. Budgets are statements of values. What is valued is funded. A very clear priority has been defined by the rate setting process set out in 2022. But this budget clearly states that the services provided through MaineCare are not valued.

If the lack of focus on the experience of the people supported through MaineCare doesn't move you, the lack of fiscal responsibility should. In each step of the continuum of care, the unavailability of appropriate support can lead to significantly more expensive supports. The state cannot afford to substitute nursing home or hospital stays when they could be funding appropriate levels of personal care in homes. Lack of appropriate supports in other MaineCare services can lead to stays in addiction clinics, in-patient clinics, and jail. The state cannot afford to underfund MaineCare. Funding MaineCare with cost-of-living adjustments is both the humane answer and the fiscally conservative answer.

Thank you for your time and consideration of this matter. I'm happy to answer any questions you may have.

Sincerely,

Bev Uhlenhake

On behalf of the Maine Association of Personal Care Agencies

Additional Information:

The personal care agencies who provide services to MaineCare clients typically do so through Sections 19, 63, 69, and 96. Sections 19 and 96 are part of a larger group of service providers who have not yet had their rates adjusted through the new rate setting program. Their rate determination process was opened in June of 2024, surveys were conducted in the fall of 2024, and no additional movement toward completion has been documented on the department website since November 11, 2024. Sections 63 and 69 are required to be funded in parity with the corresponding federally-matched programs.