



**Testimony of Tabatha Caso, Executive Director, Eastern Area Agency on Aging
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
(LD 2212)
February 18, 2026**

Before the Committee on Appropriations and Financial Affairs and Health and Human Services

Dear Senator Rotundo, Representative Gattine, and members of the Appropriations and Financial Affairs Committee and Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee:

My name is Tabatha Caso, and I serve as Executive Director of Eastern Area Agency on Aging, supporting older adults, caregivers, and adults with disabilities in Hancock, Penobscot, Piscataquis, and Washington counties. I am here today representing AgeWise Maine, the Maine Association of Agencies on Aging, which is a private, non-profit organization that provides a unifying voice for Maine's Agencies on Aging on issues that promote independence, dignity and economic self-reliance for Maine's older adults.

I am here today to testify that there should be ongoing funding for Maine's five Area Agencies on Aging in the supplemental budget, and currently there is not.

I would like to begin by acknowledging and thanking the Legislature for the Joint Resolution recognizing February 3, 2026 as Older Mainers Day. In that resolution, you affirmed Maine's commitment to ensuring older people have opportunities to remain engaged, maintain their health and independence, and live where they choose as they age. The resolution further recognizes the significant contributions older Mainers make to our communities, workforce, and civic life.

The Area Agencies on Aging are the infrastructure that makes that commitment operational.

I also want to express appreciation for the \$3 million one-time appropriation included in the previous session. That investment provided meaningful stabilization across Maine's aging network. It reduced waitlists, prevented service reductions, strengthened Medicare counseling capacity, supported case management and navigation services, expanded access to home delivered meals, and in some areas, piloted home modification programs.

AgeWise collectively serve more than 53,000 Mainers annually. The one-time appropriation is projected to support over 9,000 individuals across AAA program. Nearly half of that funding, approximately \$1.3 million, has been directed to Meals on Wheels programming and is projected to serve more than 500 additional older Mainers before the funding expires in June 2026.

Thank you for your investment of \$3 million, without continued funding, the gains achieved through this appropriation will not be sustained. The stabilization it provided will be reversed, and immediate service reductions are anticipated statewide.

My testimony today focuses specifically on the implications of Meals on Wheels and the demonstrated impact of this one-time investment.

Meals on Wheels is a federally authorized program under Title III of the Older Americans Act, administered in Maine through the Area Agencies on Aging. While federal funds provide a foundation, they do not meet current demand. State funding, local contributions, participant donations, and volunteer labor are all required to sustain the program.

From a fiscal perspective, Meals on Wheels represents a preventative investment with a documented return. According to a 2018 study, every \$1 invested in Meals on Wheels yields an estimated \$3.87 in savings, primarily through reduced nursing home utilization. Applying that ratio, the \$1.3 million allocated from the one-time appropriation to meals programming is projected to save the state \$5 million based.

The cost differential between institutional care and home-delivered meals underscores this point. MaineCare spends an estimated \$258.55 per day, or approximately \$94,371 annually, for one individual in a nursing facility. In contrast, the cost to provide Meals on Wheels, including meal preparation, transportation, and delivery with a wellness check, is less than \$10 per day.

Beyond cost comparison, the health outcomes associated with meal delivery are significant. A five-year study conducted by Brown University School of Public Health examined more than 29,000 Meals on Wheels recipients nationwide. Within 30 days of initiating service, participants experienced:

- 39 percent fewer hospitalizations
- 28 percent fewer emergency department visit
- 28 percent fewer nursing home placements

The study also documented a reduction in Medicare reimbursement costs of approximately \$362 per participant per month.

These findings, which are attached to this testimony, illustrate the role of home delivered meals as a preventative health intervention. In addition to nutrition, meal delivery provides regular contact, informal monitoring of health and safety conditions, and early identification of emerging concerns that may otherwise escalate into higher cost medical events.

The program also leverages significant volunteer capacity. More than 1,500 volunteers statewide contribute an estimated \$3.5 million in service value annually. This community infrastructure amplifies the impact of state investment and keeps the per meal cost substantially lower than it would otherwise be.

Despite these efficiencies, demand continues to exceed available resources.

Right now, statewide more than 900 older Mainers are on the Meals on Wheels waitlist. Demand is increasing due to demographic trends and rising operational costs, including food, fuel, utilities, insurance, and staffing. Federal funding has not increased at a rate that reflects Maine's aging population, and state appropriations have not kept pace with growth in need.

The one-time \$3 million appropriation temporarily stabilized this system. It reduced waitlists and prevented immediate service reduction. However, because the funding is not ongoing, that stabilization is time-limited. Under the current proposed supplemental budget, which does not include additional funding for Area Agencies on Aging, two fiscal pressures are anticipated:

- First, waitlists are projected to grow as demand continues to increase.
- Second, when the one-time funding expires, capacity supported by that investment will no longer be available, resulting in reduced service levels.

The financial implications of service reductions are direct. Reduced access to home delivered meals increases the likelihood of hospitalization, emergency department utilization, and long-term care placement, each of which carries significantly higher costs to MaineCare and to the state budget.

Maine's demographic trajectory further heightens the urgency of this issue. By 2030, nearly 400,000 Maine residents will be age 65 or older, representing the only population segment projected to grow. Strategic investment in preventative, community-based services is essential to managing long-term care expenditures responsibly and aligning state spending with demographic reality.

An ongoing \$9.75 million investment in Maine's five Area Agencies on Aging would eliminate waitlists, stabilize essential services, and prevent higher cost institutional care. It is a prudent fiscal decision and a strategic investment in Maine's future.

I respectfully urge you to include ongoing funding for the Area Agencies on Aging in the supplemental budget. Doing so would be consistent with the Legislature's stated commitment in the Joint Resolution to honor the contributions of older Mainers, addressing the challenges they face, and building a state where every person can age safely, healthily, and with purpose.

Thank you for your time and consideration.

“More Than a Meal” Research Project Data

Data compiled by researchers at Brown University School of Public Health as part of Meals on Wheels America “More Than a Meal” research project, was designed to help better understand the impact of home-delivered meal services on overall health and well-being and associated use of high-cost health care services. The full study can be found here: <https://member.mealsonwheelsamerica.org/wp-content/uploads/2025/04/Meals-on-Wheels-America-2017.pdf>

Table 2. Pre and Post Healthcare Utilization for the MOW-Medicare Sample at 30, 90 and 180 Days

Hospitalizations				
	Pre-MOW (%)	Post-MOW (%)	% Reduction	p-Value
30 Days ¹	11.07	6.76	38.93	<.0001
90 Days ²	23.22	14.40	37.98	<.0001
180 Days ³	30.93	21.48	30.55	<.0001
Emergency Department				
	Pre-MOW (%)	Post-MOW (%)	% Reduction	p-Value
30 Days ¹	6.52	4.68	28.22	<.0001
90 Days ²	14.70	11.66	20.68	<.0001
180 Days ³	21.58	18.83	12.74	<.0001
Nursing Home				
	Pre-MOW (%)	Post-MOW (%)	% Reduction	p-Value
30 Days ¹	3.13	2.26	27.80	<.0001
90 Days ⁵	9.65	6.04	37.41	<.0001
180 Days ⁶	12.83	9.58	25.33	<.0001
Switch to MA (%)⁷				
30 Days	1.75			
90 Days	6.61			
180 Days	14.01			
Death (%)⁷				
30 Days	1.60			
90 Days	4.83			
180 Days	8.65			

Table 3. Pre and Post Healthcare Costs for the MOW-Medicare Sample at 30, 90 and 180 Days

	Days Pre- and Post-MOW	Mean Reimbursement Pre-MOW (\$)	Mean Reimbursement Post-MOW (\$)	Mean Difference in Reimbursement Pre and Post-MOW	T-statistic	p-value
Inpatient	30 Days ¹	943.98	582.47	361.50	8.67	<0.0001
	90 Days ²	2600.47	1445.63	1154.80	14.91	<0.0001
	180 Days ³	3835.60	2480.03	1355.60	12.58	<0.0001
Emergency Department / Observation Stay	30 Days ¹	57.64	35.28	22.36	5.52	<0.0001
	90 Days ²	149.42	106.86	42.57	5.60	<0.0001
	180 Days ³	230.62	203.16	27.46	2.72	0.0065
Medicare Skilled Nursing Facility	30 Days ¹	446.34	201.99	244.30	9.80	<0.0001
	90 Days ²	1323.48	671.63	651.80	11.43	<0.0001
	180 Days ³	1599.62	1236.42	363.20	5.06	<0.0001