

February 22, 2026

Senators Ingwersen and Rotundo, Representatives Gattine and Meyer, and distinguished members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services:

My name is Keri Kapaldo. I am a registered nurse and the Sexual Assault Forensic Examiner (SAFE) Program Coordinator and Assistant Nurse Manager at St. Joseph Hospital in Bangor. I am writing in support Section 000 of LD 2212, *An Act Making Unified Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, 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*, and to **urge that you to amend this section of the budget to include ongoing funding for the Victims of Crime backfill as well as for the increased sexual assault advocate salaries it also ultimately supported.**

I support Maine's commitment for the implementation of statewide sexual assault evidence kit tracking and further urge the Committee to move funding for sexual assault response advocates and victim services into the baseline budget, including funding necessary to maintain advocate salary levels. St. Joseph Hospital participated in Maine's sexual assault evidence kit tracking pilot, and we have seen firsthand the value of this work.

These two efforts are not separate. Kit tracking may increase transparency, but advocacy is what makes the system accessible, usable, and survivor-centered in practice across both the medical and judicial systems that survivors may need to navigate.

Every year, approximately 19,000 Mainers experience sexual violence. Sexual assault advocates and children's advocacy center staff are a critical part of Maine's response system, providing essential support to survivors and families across the state. Maine's prior investment in advocate compensation made a measurable difference, including helping increase salaries from the low \$30,000s to a \$45,000 floor and reducing turnover. That progress is meaningful, but it is at risk if this funding is not moved into the baseline budget.

#### Why sexual assault response advocates are essential in emergency care.

In the emergency department, survivors may arrive shortly after an assault while trying to process trauma, injury, fear, and uncertainty. They may be asked to make complex decisions quickly, including whether to have evidence collected, whether to report to law enforcement now, later, or not at all, whether to accept prophylactic medications, and what follow-up care and support will look like.

Advocates are essential during this period of decision-making and vulnerability. They provide trauma-informed, survivor-centered support that complements medical care and improves safety and continuity. They help survivors understand options, support informed consent, assist with safety and discharge planning, and connect survivors with follow-up services and community resources.

When a SAFE nurse is available, advocates support both the survivor and the forensic nursing process. When no forensic nurse is accessible, or when a survivor is cared for by an ED clinician without specialized forensic training, advocates are often the most consistent specialized support present. Advocates also help address practical barriers that directly affect whether survivors can safely follow through after discharge, including transportation, phone access, financial instability,

and fear of retaliation.

Advocates are imperative for navigating the medical and judicial systems.

For many survivors, the aftermath is not a single appointment. It is a long and often complicated series of steps across multiple systems. Advocates provide continuity and navigation support across follow-up medical care, counseling, safety planning, protection orders, and, if the survivor chooses, engagement with law enforcement and court processes.

They help survivors understand timelines and options, reduce confusion, and lessen the risk of disengagement when the process is intimidating or logistically impossible. In short, advocates help survivors move from immediate care to longer-term safety and recovery.

Why moving this funding into the baseline budget matters.

Advocacy programs cannot be built on unstable, year-to-year funding. When funding is reduced or uncertain, programs experience staffing losses, coverage gaps, and turnover, especially after-hours, on weekends, and in rural regions where resources are already limited. The result is a less reliable statewide response and increased inequity in access based on geography and time of day.

Moving this funding into the baseline budget is necessary to protect the gains already made in advocate recruitment and retention, including the established salary floor. One-time stabilization funding cannot sustainably support a workforce expected to provide specialized, trauma-informed, on-call response statewide. Ongoing baseline funding allows advocacy programs to recruit, train, and retain staff, maintain predictable coverage, and build durable partnerships with hospitals and community agencies.

Kit tracking requires advocacy to be effective.

Statewide kit tracking is an important accountability and transparency measure. But a tracking system is only meaningful if survivors can access it, understand it, and engage with it safely. For many survivors, the emergency department visit is their first, and sometimes only, point of connection to the broader system. Advocacy is what helps survivors navigate that system.

Advocates play a key role in helping survivors understand what kit tracking is, what it can and cannot tell them, and how to use it. They help survivors stay connected to follow-up care and services, so tracking becomes a tool that supports survivor choice, rather than a process that exists only on the administrative side.

If Maine invests in tracking without moving advocate funding into the baseline budget, we risk building a system that appears comprehensive on paper but fails survivors at the point of care and in the weeks that follow.

Thank you for your time and consideration.

Respectfully submitted,



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