

Maine PRISONER ADVOCACY Coalition



March 24, 2021

Senator Deschambault, Rep Warren and honorable members of the criminal justice and public safety committees. My name is Jan Collins and I am assistant director for Maine Prisoner Advocacy Coalition. I am here today to speak in favor of LD 476 **An Act To Provide Licensed Assisted Living and Nursing Facilities Levels of Care for Incarcerated Persons.**

MPAC's mission is to support Maine's incarcerated citizens, their families, and friends in their struggle with Maine's criminal justice system. Our purpose is to reduce Maine's use of incarceration by creating a criminal justice system that is ethical, humane, and restorative in nature.

MPAC regularly receives letters requesting assistance from inmates or family members in prisons and jails around the state. So when I received a letter from Mt View, the letter was not a surprise although the contents were. An inmate who cleaned rooms in the Assisted Living Unit had come upon a resident lying on the concrete floor in a pool of urine, immobile. He had apparently fallen and hit his head and lain there for the remainder of the night. The writer was quite distressed, but requested to remain anonymous for fear of retribution.

I alerted the Commissioner and then contacted the state ombudsman for Long Term Care. The Ombudsman asked where the event occurred, when I told her that it was at Mountain View, she said that she could do nothing to assist me. There was no licensed facility at that location and she could only work with licensed facilities. In other words, there is no outside oversight of the facility.

I have since discovered that the state regulations for long term care facilities forbids unlicensed Assisted Living Units which are subject to a civil penalty of not less than \$500/day and not more than \$10,000/day.

I am, however, most concerned about the poor quality of care provided. Patients may suffer from terminal cancer, dementia, renal failure, or stroke. Some are bedridden others have catheters. A man assigned to the ALU after experiencing a heart attack received no cardiac rehabilitation. The extent of his care was taking his blood pressure and checking for swelling in his ankles. Rehabilitative services for stroke victims are limited to full staffing and there is no specialized dementia care. A patient who recently died of cancer died alone. He was not allowed visitors as visits by policy occur only in the visits room. He was bedridden and could not make to the room.

In the experience of one person who resided there for several months, although a nurse was supposed to be present 24 hours a day, in reality she is present closer to six hours and spends the remainder of the time in the infirmary. A lone corrections officer is left on duty. The two inmates who assist in the unit are untrained and are not allowed to touch patients except to help them in and out of bed. Their primary duties are cleaning the room and changing sheets.

The question remains, why are we paying exorbitant medical costs for poor quality care when we have a Community Confinement policy that has been in place for decades and formerly used on a regular basis that would provide high quality humane care for much less?

Please support LD 476 **An Act To Provide Licensed Assisted Living and Nursing Facilities Levels of Care for Incarcerated Persons.**

Sincerely,

Jan M. Collins, Wilton

janmariecollins57@gmail.com

Jan Collins
Wilton

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