



Maine Health Care Association

**Testimony of Angela Westhoff, President & CEO
Maine Health Care Association**

To the Joint Standing Committee on Health Coverage, Insurance and Financial Services

February 6, 2024, at 1:00 PM

Neither for nor against

LD 2165, Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization

Good afternoon Senator Bailey, Representative Perry, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services. My name is Angela Westhoff, and I serve as the President & CEO of the Maine Health Care Association. We represent approximately 200 nursing homes, assisted living centers, and residential care facilities (also known as Private Non-Medical Institutions or PNMIs) across the state. Our mission is to empower members to ensure the integrity, quality, and sustainability of long term care in Maine.

On behalf of our members, I am testifying neither for nor against LD 2165, Resolve, Regarding Legislative Review of Portions of Chapter 270: Uniform Reporting System for Quality Data Sets, a Major Substantive Rule of the Maine Health Data Organization.

We appreciate the intention behind the bill and recognize its potential benefits in terms of infection control and reducing the overprescription of antibiotics. However, we are also mindful of its practical implications for our providers and that much of this work is already being done.

We agree that diagnosing and treating urinary tract infections (UTIs) in nursing home residents is a crucial aspect of healthcare. UTIs are relatively common among older residents and can

lead to severe complications if left untreated. Furthermore, reducing the overprescription of antibiotics is a significant public health concern, given the rise of antibiotic-resistant bacteria.

However, it's also important to acknowledge the potential challenges healthcare providers may face in implementing the requirements outlined in the proposal. Increased diagnostic and treatment criteria mean additional time and resources must be allocated for managing paperwork related to UTIs in nursing home residents. This could strain healthcare facilities already facing staffing shortages and resource constraints. We estimate that this reporting requirement would take 20 minutes per resident. With over 6,000 beds in the state, this rule would require many work hours to meet. As mandatory regulations and reports increase yearly, we want to remind the committee that each additional requirement adds more work to an already under-resourced sector.

Additionally, Centers for Medicare & Medicaid Services (CMS) Care Compare already records UTI data for nursing homes. While not as specific as this proposed rule, we believe that it is sufficient to objectively track UTI and antibiotic prescription frequency. Moreover, this metric is consistently used across the country, which makes analyzing the data in the context of general nationwide nursing home performance more reliable.

Our members are committed to providing high-quality care to our residents. While I support the goals of the proposed bill in principle, I believe that careful consideration must be given to the practical implications and logistical challenges associated with its implementation.

Thank you for the opportunity to provide comments today.