Greetings Senator Bellows, Representative Sylvester, and members of the Committee on Labor and Housing:

My name is Emily Berrill and I am an MSW intern with the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of over 80 organizations, businesses, and older Mainers working together to make sure we all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities. I am providing testimony in favor of LD 1410.

Every day in Maine tens of thousands of working Mainers get up early to provide care to their spouses or parents, and sometimes both, who can no longer fully care for themselves. They put in a full day’s work and return home to continue the care. They take vacation time to get their loved ones to doctor’s appointments and spend weekends creating plans of care to meet increased needs, filling prescriptions, preparing meals and taking care of all that did not get done during the week. They do this all with no fanfare and often with little or no support.

There are an estimated 178,000 informal family caregivers in Maine. These are spouses, children, grandchildren and other relatives caring for older people who have difficulty living independently. Many of these caregivers are caring for the more than 37,000 people in Maine who are living with some form of dementia.

Supporting family caregivers is one of our top priorities and with good reason. Informal family caregivers are the backbone of our long-term supports and services system – without them, our system of caring for older adults would collapse. This is because it’s estimated that Maine would have to spend $2.6 billion annually to provide the same level of care. The care they provide reduces needed home care hours, keeps people healthy and out of hospitals and delays entry into assisted living and nursing home care. This remarkable collective contribution is fueled by our shared value that we take care of our own.

Being a caregiver is a full time job for many. Unfortunately, this is a serious conflict as 48% of caregivers are 18–49 years old. These caregivers are very much still a part of our declining workforce and must juggle their primary, full time job with their caregiving responsibilities, along with the responsibilities they have in the other roles they fill. According to a 2011 National Study of Caregiving,
more than half of family caregivers to older adults are employed part or full time, with caregivers of parents employed at a rate of 60%. This is consistent with informal studies of caregivers in Maine.

I have seen the effects this balancing act can have on a family caregiver in my personal life. Since 2014, I’ve watched my mom, a full time worker, take on the role as the primary caregiver for her own mother, my grandmother. Before my grandmother transitioned into an assisted living facility, my mom dedicated time she did not have to help my grandmother with tasks such as shopping, food preparation, housekeeping, laundry, transportation, medication management, bathing, coordinating physician visits, and managing financial matters. When my grandmother fell and broke her hip, the responsibilities began to grow even more, and my mom’s vacation time was quickly shrinking as she needed to use it to take care of my grandmother and coordinate even more doctor’s appointments.

Today, my mom still does the majority of the caregiving for my grandmother, despite her recent transition into assisted living. For years I’ve seen her stress and tears, and I’ve listened to her worries. Along with the health and well-being of my grandmother, she worries about her own job and constantly expresses her fear of the consequences that may come with the amount of time she has had to take off and the amount of time she has not been able to complete her work. Thankfully, she can use her paid time off. However, once that time is gone, she is left with nothing for her own doctor’s appointments, appointments for other family members, and actual vacation time for respite.

Unfortunately, not all caregivers are so lucky to have paid time off. If caregivers don’t have accrued time to take, taking unpaid leave may create a serious hardship, leaving the worker with no income to meet their financial obligations while they try to provide care for a parent with dementia who has a broken hip or is being treated for cancer. According to a 2015 U.S. Bureau of Labor Statistics study of workers without employer-paid leave, 44% of workers who are in the lowest 25% of wage earners do not have access to employer-paid leave and 56% of part-time workers don’t have access to employer-paid leave. Far too many workers faced with this situation decide to leave their jobs, creating instability in the life of the worker and for the employer.

We want to encourage family members to take responsibility for caring for older relatives who can no longer live independently. We also want to make sure that Maine’s working caregivers remain active in our shrinking workforce. Workers need to know that they can take the time they need to responsibly deal with a serious health condition of a loved one without jeopardizing their jobs or plunging themselves into a financial worry.

Although the MCOA is in full support of LD 1410, we ask the Committee to consider including an amendment to the bill that directs the Department of Health and Human Services to review and revise MaineCare reimbursement rates to providers consistent with any fiscal impact this bill might have on MaineCare providers. Even though this bill does not require an employer contribution, there are other potential fiscal impacts associated with providing paid family leave. The Department should be directed to study the financial impact of the program and modify rates accordingly as appropriate.

I urge you to vote in favor of LD 1410 as now more than ever, supporting family caregivers in the State of Maine is critical.

Thank you.
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