



**Written Testimony of Jess Maurer on Behalf of  
The Maine Council on Aging  
To Joint Standing Committee on Health & Human Services  
In Favor of LD 1655 - An Act To Improve and Modernize  
Home-based Care**

Submitted in Writing on May 3, 2019

Senator Gratwick, Representative Hymanson and members of the Joint Standing Committee on Health and Human Services:

My name is Jess Maurer and I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 80 organizations, businesses, municipalities and older community members working to ensure we can all live healthy, engaged and secure lives with choices and opportunities as we age at home and in community settings. I am submitting testimony in favor of LD 1655.

While Maine's older people are as diverse as our geography, they nearly all agree on one thing – they want to age at home for as long as possible. To successfully age at home, some older people will need to access services that help them meet daily needs. This can be help with getting out of bed, showering and dressing or help managing medications and other medical care needs. Personal support service (PSS) workers, known as direct care workers, and home health care workers are the backbone of the paid home-based care system that provide these services.

As with every sector of Maine's economy, Maine's home-based care providers are being challenged to meet demand for services because of an ever-shrinking pool of workers able and willing to provide these services. Every employer in Maine is competing for available workers and the ones who can offer incentives, increased salaries, quality workplaces, benefits and bonuses are the ones who are winning the workers. For context, on Tuesday, April 30<sup>th</sup>, Maine DOT Commissioner Bruce Van Note, provided a special report to the Transportation Committee about DOT's need to put off several scheduled construction projects because bids for these projects are coming in at 30%, 50%, 60%, and even 120% over the projected costs of the projects based on past bids for similar work. This is the impact of our shrinking workforce – those who can are paying more for labor and are passing those costs on to the end user.

Unlike other industries, home care and home health care providers cannot simply decide to pay workers more, increase benefits and improve quality of the work environment – all steps that need to be taken to grow and support this workforce. They can't take these steps because they cannot charge the end user more for these services. Instead, if they serve MaineCare members,

they must accept the MaineCare reimbursement rates for these services which have been artificially low for far too long. If they serve a private market, each time they raise hourly rates, they price themselves out of a portion of the market who simply cannot afford to pay.

Despite heroic efforts by the legislature to increase reimbursement rates for these services over the last several sessions, rates have not kept pace with Maine's changing economic drivers, and home and home health care providers are simply falling behind in the fierce competition for qualified workers. This is what the direct care crisis within the Home and Community Based Services program looks like - this week and every week for several years, about 6,000 hours of approved care under the MaineCare waiver go unstaffed, not because payment hasn't been authorized, but because home care providers cannot maintain an adequate staff to meet demand.

Unlike Maine DOT construction projects, Maine cannot simply put the home care needs of older people on hold because the cost of providing care is increasing. When we do, we always end up paying for higher cost care that was likely avoidable. Instead, we must take meaningful immediate action to ensure that our home and home health care provider network is strong and able to meet the growing needs of Maine's older people. LD 1665 takes several meaningful steps to strengthening our home care network.

It requires that, beginning in 2020 and at least every 2 years thereafter, and whenever legislation is enacted that affects the costs of providing private duty nursing, home health services and personal care services, the Department conduct a substantive review of the rates. It requires the Department to convene a working group to determine the feasibility of including health care and paid sick leave for workers in the rate setting process. It requires the Department to review certain current requirements that impact the business model of providers to determine if they're still necessary.

It also requires the reimbursement for certain telehealth and telemonitoring services that will be critically important to bridging workforce gaps in the future. In Maine, various providers are effectively utilizing technology to help older people meet their plans of care, take their medication on time and live healthy lives. We must do all we can to ensure there are payment mechanisms that allow for the use of this kind of effective care that does not require in-person staff time. Allowing technology to bridge workforce gaps will free up necessary in-person hours of available workers to serve all older Mainers in need.

Affordability and accessibility of home care services will be the deciding factor for thousands of Mainers who want to continue to live at home as they age. The current inability of older Mainers, regardless of payer source, to access the home care services they need not only threatens their ability to age at home, it puts thousands of older Mainers at daily risk of avoidable health problems, increased hospitalizations and early entry into facility-based long term care. The time to act is now.

Thank you.

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