Department of Health & Human Services
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Director
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Testimony of Maggie McLoughlin, Director, Health & Human Service Dept., City of Portland,
In Support of
In Support of LD 518, Resolve, Increasing Access to Maternal and Child Health Care
Before the Joint Standing Committee on Health and Human Services

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Maggie McLoughlin, Director, Health & Human Service Dept., City of Portland, and I write in support of LD 518, Resolve, Increasing Access to Maternal and Child Health Care.

Portland Health and Human Services Division of Public Health has operated a maternal and child health program for nearly fifty years and led the local implementation of CradleME, the State's maternal and child health home visiting program, since it began in 2017.

However, due to the recent changes in referrals and referral reimbursement from Maine CDC as well as overarching efforts to expand direct service delivery through the state CDC public health nurses, this effective and cost-effective maternal and child health care program is in serious jeopardy. I speak in support of this bill, which has the potential to help ensure CradleME not only serves its purpose, but does so efficiently.

The recent efforts to centralize CradleME services under Maine CDC nurses has resulted in increased barriers to maternal and child health care in the Portland area. Already, clients who have been forced to transition from City of Portland public health nurses to CDC staff have gone from receiving timely, active care under the City of Portland's public health division to being on waitlists for services.

As such, this emergency resolve to examine barriers to the universal referral of pregnant or parenting individuals and families to Cradle ME and develop recommendations for removing the barriers and increasing referrals is critical. Moreover, such a report should provide recommendations as to the best models of program delivery, specifically the advantages and disadvantages of centralized vs local implementation models. The report has an important role to play in gathering evidence through performance data and qualitative information from current and former local partner implementers and hospital networks. Our own data indicates that decentralized implementation of the program through local actors results in more efficient and effective programming:

- Our team of five nurses were deployable within forty-eight hours, and provided more than 2,100 pre and post-natal visits in 2024.
- Our team was particularly well placed to meet the unique needs of clients in our city, because our staff are embedded in the local area, had a deep awareness of the available resources, and were able to provide efficient and effective referrals both for health and non-health needs.

- This was time-sensitive lifesaving work, often meeting some of our highest-risk mothers (homeless, no prenatal care, etc) to ensure they get screened and into the care they need for themselves and their infants to thrive. For example, in the last year over fifty clients were screened with hypertension, requiring ER admission for critical treatment.

We understand that the Maine CDC is dealing with challenging issues, contracts, uncertainty, and a difficult budget environment. These factors make this study more urgent, not less. The critical work of maternal and child health is time-sensitive and the immediate and longer-term impacts of barriers to referrals for maternal and child healthcare will include both a loss of staffing and infrastructure but also likely preventable illness, hospital stays, and mortality.