

Testimony of the Maine Academy of Family Physicians
Presented by Marya R. Goettsche Spurling, MD, FAAFP
Before the Joint Health and Human Services Committee
LD 1028 Resolve, to Establish the Task Force to Study Equitable Access to Maternal Health
Care and Birthing Facilities
24 March 2025

Dear Chairs Senator Ingwersen, Representative Meyer and members of the Joint Health And Human Services Committee,

My name is Marya Goettsche Spurling. I am a family physician and on the board of directors of the Maine Academy of Family Physicians, speaking on behalf of the Maine Academy of Family Physicians. The academy supports LD 1028, Resolve, to Establish the Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities.

Family Physicians are an important part of prenatal, maternity, and obstetric care. Some Family Physicians are additionally trained to perform cesarean deliveries. We are very versatile in that we not only can perform deliveries but we continue to care for the newborn after birth as a pediatric patient. In my practice I have had many patients whom I have delivered, and I also care for their parents and even multiple generations as their primary care physician. My colleagues and I regularly perform vaginal deliveries, and we are also present and able to resuscitate a newborn in the event of a complication. I can think of multiple pediatric patients I have cared for who are now doing well thanks to a birthing hospital being present in their community and a Family Physician being present at their birth.

Over the past few years we are hearing more and more from our family physician members about how providing maternity care in their rural communities is becoming more difficult or even non-existent. Many are being forced to stop practicing obstetrics altogether- a part of medicine they are passionate about- because their local hospitals are closing their delivery units. Since 2014, 10 hospitals in dispersed rural communities in Maine have closed their obstetrical units.¹

Some family physicians desperately find ways to fulfill their passion of providing maternity care. With hospital privileges becoming more difficult to obtain for family physicians due to insurance and licensing requirements, they often give up and the state loses a trained physician capable of providing maternity care during a time with dwindling number of physicians are able to provide this care.²

Those who are able to obtain hospital privileges to continue providing obstetrical care may need to do so at larger urban hospitals, forcing patients in rural communities to lose their primary care doctor when there is already a shortage of primary care in their community.

A few have been able to develop creative collaborations to provide the prenatal care in their office and partner with physicians at larger hospitals to perform the deliveries. Although this allows them to provide some maternity care and allows families to receive the majority of their care in their community, it comes with risks. Pregnant patients and their families have to travel much further in labor hoping to arrive at the hospital in time or risking delivering on the

roadside- hopefully with an emergency medical technician present. In 2015, one week after Penobscot Valley Hospital in Lincoln closed their obstetrical unit, one of our members delivered her patient's baby right in her primary care office. Luckily both the mother and baby did well. But should families in Maine have to rely on luck to determine if they have a safe, healthy delivery?

Over the last 6 months the Maine Academy of Family Physicians has been researching this inequity of maternity care throughout the state and have talked to many healthcare personnel working to correct it. The reasons for these inequities are vast and the consequences of not fixing this problem are severe - more deaths and worsened health outcomes for young women and babies.

The academy feels a state-led task force with invested members would be an excellent way to begin to correct these inequities so that families can obtain their maternity care close to home and safely deliver their babies. We request that Family Physicians, as providers of both obstetrical and pediatric care, especially in rural communities, be specifically included in this task force. To that end, the current bill as written may need to be amended.

Our state is behind the curve in responding to this crisis, with ten rural maternity units already closed, and with your constituents in those communities without safe access to local services. The Maine Academy of Family Physicians is committed to helping ensure that no further units face closure by strengthening our current maternity resources. We believe that Family Physicians are an important part of the solution, and we support the state creation of a task force to address the crisis.

1. Northern New England Obstetric Unit Closures. updated Jan 15, 2015.
<https://public.tableau.com/app/profile/mcheper/viz/NorthernNewEnglandObstetricUnitClosures/LDClosuresPrintPortrait>
2. "Needs Assessment of the Obstetric Workforce in Maine' Rural Hospitals". The Maine Rural Maternity & Obstetric Strategies Network. January 2024.
https://issuu.com/rouxinstitute/docs/maine_rural_maternity_workforce_needs_assessment_r

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LD 1028

This is a copy of the same testimony I had submitted- but with the edits properly saved- it should be easier to read. Apologies that the tracked changes were visible in the first copy I submitted.